This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

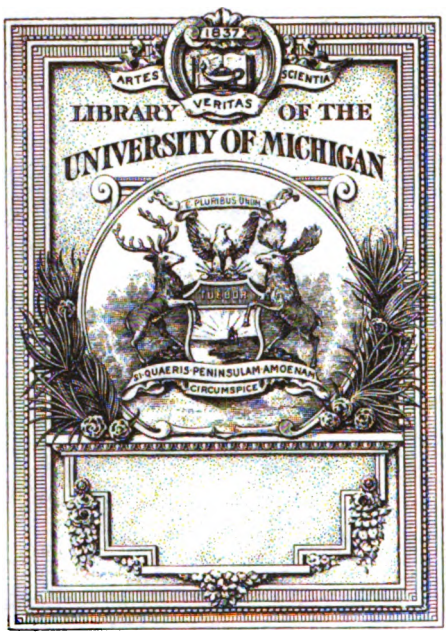
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

The Medical bulletin

Digitized by Google



Digitized by Google

Med. Periodicals
610.5
JM5
Bq

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

THE MEDICAL BULLETIN.

F3779

A MONTHLY JOURNAL

OF

MEDICINE AND SURGERY.

EDITED BY

JOHN V. SHOEMAKER, M.D., LL.D.

VOLUME XX, 1898.

THE F. A. DAVIS CO., Publishers,

PHILADELPHIA.

FOREIGN AGENCIES:

PARIS—H. LESOUDIER, 174 BOULEVARD ST. GERMAIN.
VIENNA—JOSEF SAFAR, VIII SCHLOESULGASSE, 24.
TOKIO, JAPAN—Z. P. MARNYA & Co.

Digitized by Google

LIST OF CONTRIBUTORS

VOL. XX.

OSCAR H. ALLIS, M.D., of Philadelphia.
J. M. ANDERS, M.D., LL.D., of Philadelphia.
W. EASTERLY ASHTON, M.D., of Philadelphia.
G. M. BOYD, M.D., of Philadelphia.
REV. LAWRENCE M. COLFELT, D.D., of Philadelphia.
EUGENE LEE CRUTCHFIELD, M.D., of Baltimore.

J. A. DE ARMAND, M.D., of Davenport, Iowa.
THOMAS M. DOLAN, M.D., J.P., of Halifax, England.
L. WEBSTER FOX, A.M., M.D., of Philadelphia.
E. B. GLEASON, M.D., of Philadelphia.
GEORGE A. HEWITT, M.D., of Philadelphia.
W. C. HOLLOPETER, A.M., M.D., of Philadelphia.

AARON HOWELL, M.D., of Camden, N. J.
ROBERT C. KENNER, A.M., M.D., of Louisville,
ELLWOOD R. KIRBY, M.D., of Philadelphia.
ERNEST LAPLACE, M.D., LL.D., of Philadelphia.
JOHN A. McKENNA, M.D., of Philadelphia.

ARTHUR E. MINK, M.D., of St. Louis.
ISAAC OTT, A.M., M.D., of Easton, Pa.
DRS. ALBERT ROBIN and MENDEL, of Paris, France.
WILLIAM L. RODMAN, A.M., M.D., of Philadelphia.
ERNEST B. SANGREE, A.M., M.D., of Nashville, Tenn.

THEODORE WILLIAM SCHAEFER, M.D., of Kansas City, Mo.
JOHN V. SHOEMAKER, M.D., LL.D., of Philadelphia.
LEON L. SOLOMON, A.B., M.D., of Louisville.
WILLIAM F. WAUGH, A.M., M.D., of Chicago.
FRANK WOODBURY, M.D., of Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, JANUARY, 1898. No. 1.

Clinical Lectures.

UTERINE DISPLACEMENTS, WITH SPECIAL REFERENCE TO THE TREATMENT OF FORWARD AND BACKWARD DISLOCATIONS.*

BY W. EASTERLY ASHTON, M.D.,
Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia.

IN considering displacements of the uterus from the stand-point of treatment we must divide all malpositions into those which are of primary and into those which are of secondary importance. Thus, if a displacement is caused by a tumor pushing or to adhesions pulling or it is associated with a pelvic lesion, then the position of the womb becomes a secondary consideration and the case, from the stand-point of treatment, is no longer one of uterine displacement.

Viewed, therefore, in the light of this classification, the treatment of uterine displacements narrows itself down to a consideration of only those which are of primary importance.

First: The uterus may be displaced, as a whole, in an anterior, posterior, or a lateral direction. Again, there may be descent or ascent of the organ. All these displacements, with the exception of the prolapses, are of secondary importance, being due to tumors pushing or to adhesions pulling. They are, therefore, not to be included in those cases of malposition of the uterus which claim our attention as primary conditions.

Second: The uterus may be displaced by version or flexion in an anterior, posterior, or lateral direction. These displacements are all of primary importance, except the lateral versions and flexions, which are, as a rule, caused by pelvic lesions.

Third: The uterus may be inverted. This form of dislocation of the organ is of primary importance.

We have, therefore, to consider, from the stand-point of treatment, the anterior and posterior versions and flexions, the prolapses, and the inversions of the uterus.

The anterior versions and flexions are never pathological, except they cause dysmenorrhœa, endometritis, or sterility, or unless they are associated with a pelvic lesion, in which case they become of secondary importance.

The treatment of these forms of displacement is dilatation and curettement of the uterine cavity. This operative procedure relieves, in a certain proportion of cases, the dysmenorrhœa, endometritis, or sterility dependent upon the displacement.

Posterior displacements, from the stand-point of treatment, must be divided into recent and chronic cases. By recent cases is understood those which have been displaced less than one year. The practical necessity for this division lies in the fact that after a uterus has been displaced for a considerable length of time the tissues and ligaments have become so overstretched, separated, and degenerated that

*Lecture delivered at the Medico-Chirurgical College.

Digitized by Google

it is impossible for them to ever regain their normal contractility and sustaining powers. Consequently, all forms of local, mechanical, and general treatment, which, at times, cure a recent case, are utterly worthless after these changes have taken place. It is, therefore, apparent, if success is to result from the treatment of posterior displacements of the uterus, that the length of time the lesion has existed be taken into consideration.

In the treatment of recent retrodisplacements five points are to be considered:

1. The removal of the cause and the repair of the soft parts.
2. The replacement of the uterus.
3. Keeping the uterus in its normal position.
4. The reduction of the size of the uterus and the stimulation of its ligaments.
5. The general treatment and hygiene.

The Removal of the Cause and the Repair of the Soft Parts.—Under this heading we will mention the cure of a lacerated or diseased cervix or the dilatation and curettement of the uterine cavity for an existing endometritis, as any of these conditions may not only be the original cause of the displacement, but they may also prevent a permanent cure unless relieved.

Again, all tears in the pelvic floor and perineum must be repaired so that this portion of the outlet of the pelvis may resume its normal function, as an indirect support to the uterus and upper part of the vagina.

Replacement of the Uterus.—After the causes of the displacement and the injuries to the soft parts of the pelvis have been removed the next step is to replace the organ in its normal position.

Two methods are employed for this purpose: the bimanual method and the replacement of the uterus, in the knee-chest position. The restoration of the organ in the genu-pectoral posture is, by far, the best method, as the organ will frequently gravitate unaided to its normal position. If this does not occur pressure upon the posterior wall of the uterus with a cotton-mounted forceps aided by a tenaculum in the cervix pulling the uterus forward toward the vaginal outlet, will swing the fundus clear of the sacrum and permit the organ to fall forward. In a number of cases I have made use of an exaggerated genu-pectoral posture by having the patient elevate the pelvis still higher by resting upon the toes instead of the knees. This position will often cause the fundus to fall forward when the genu-pectoral position fails to do so.

Keeping the Uterus in Its Normal Position.—The uterus is best kept in position with the Hodge or Smith-Hodge hard-rubber pessary, properly adapted to each case. The instrument is best introduced in the knee-chest position, as this posture causes less discomfort to the patient and renders the necessary manipulations easier.

I do not use cotton-wool or gauze tampons to keep the uterus in position. The only possible indication for their use is in cases where the pelvic cavity is too tender to bear the pressure of a pessary. Under these circumstances the displacement is, in most instances, associated with a pelvic lesion, and should not, therefore, be considered as a malposition of the uterus.

The Reduction of the Size of the Uterus and the Stimulation of Its Ligaments.—The routine treatment to meet these indications is the hot-water vaginal douche and the ichthyol tampon.

The injections are given twice daily: in getting up in the morning and on going to bed at night. The water should be as hot as can be borne by the patient and at least two gallons used each time the injection is given. The object in giving these douches is to obtain the secondary effect of the heat upon the blood-vessels and tissues of the pelvis. The patient should be placed in the dorsal recumbent posture in order that the water may come in direct contact with the vaginal vault and the lower segment of the uterus.

The ichthyol tampons are used three times a week. They are made of cotton-wool soaked in a 10-per-cent. solution of ichthyol in glycerin. The tampon should be kept in position for twenty-four hours, and removed on the following morning.

The General Treatment and Hygiene.—Attention should be given to the

Digitized by Google

general condition of the patient. The bowels must be kept regular, the digestion looked after, and such tonic treatment administered as may be indicated in each case.

Careful directions should be given to the patient as to exercise, rest, and the care of the skin. It is also of utmost importance that the clothing should be so arranged that the weight of the skirts fall upon the shoulders and not, as is the general rule, upon the abdomen, thus crowding the viscera and pushing the fundus of the uterus toward the sacrum. In other words, the object sought in the general treatment is to put the patient's health in the best possible condition so that the uterine ligaments may regain their tone along with the general system.

The treatment for recent retrodisplacements should be persevered with for at least one year. If, at the end of this period, the ligaments of the uterus have not regained their normal sustaining powers, then the case must be regarded as chronic and treated accordingly.

The treatment of chronic retrodisplacements of the uterus is operative. The use of a pessary may, in some cases, effect a symptomatic cure, but the displacement will recur so soon as the instrument is withdrawn. The pessary, therefore, should only be employed when the patient refuses operative measures. It should also be distinctly understood that the treatment is, in no sense of the word, a radical cure. Adhesions or a tender condition of the pelvis are absolute contra-indications to the use of the pessary.

The operation I advise for the radical cure of chronic retrodisplacements of the uterus is ventral attachment. I know of no operation in the whole range of abdominal and pelvic surgery more brilliant in its results. The operation is practically without danger to life and is not followed by any bad results in subsequent pregnancies or labors.

I am well aware in making this statement that it is directly opposed to the views held by many surgeons, as is shown by the papers and editorials which have lately appeared on the subject. If, however, the statistics upon which these views are based be carefully examined, it will be found that the bad results have been due to a faulty technique, and not to the operation itself. In the first place, a large number of operators do not employ the best technique, and, in the second place, some surgeons are careless in the mechanical adjustment of the parts. Unless the operation be performed with skill and with the proper technique, bad results are almost sure to follow. On the other hand, however, a skillful surgeon following the proper technique will never meet with subsequent trouble during gestation and labor.

It is always necessary, first, to remove all the causes and results of retrodisplacement before doing a ventral attachment. Thus, if the cervix is torn, it must be restored to its normal condition so that the uterus may undergo complete involution. Again, all tears in the perineum or in the pelvic floor must be repaired so as to give to the organs of the pelvis their normal support. Finally, if endometritis is associated with the displacement, the uterus must be thoroughly curetted if the discharge is profuse or purulent.

The operation is divided into six stages, as follows:—

1. The abdominal incision.
2. Bringing the fundus of the uterus anteriorly.
3. Introducing the attachment sutures.
4. Introducing the sutures which prevent the stripping of the peritoneum from the abdominal wall.
5. Tying the attachment sutures.
6. Closing the abdominal wound.

1. *The Abdominal Incision.*—The incision through the abdominal wall begins in the median line one inch above the symphysis pubis and extends upward for a length of two and one-half inches. This length of incision gives ample room for all the necessary manipulations. If the abdominal wall is fat, the incision through the skin and superficial fascia may be made as long as required, but the opening through the aponeurosis must not be over two and one-half inches.

2. *Bringing the Fundus of the Uterus*

Digitized by Google

Anteriorly.—After the incision has been made through the abdominal wall the index and middle fingers of the left hand are carried down to the promontory of the sacrum and pushed gently between the uterus and the rectum; the fundus is then pulled forward into its normal position. If the uterus is movable it is an easy matter to insert the fingers between it and the rectum, but if the organ is adherent the adhesions must be carefully broken up before an attempt is made to pull the fundus forward.

3. *Introducing the Attachment Sutures.*—We are now ready to introduce the attachment sutures. It is important that the

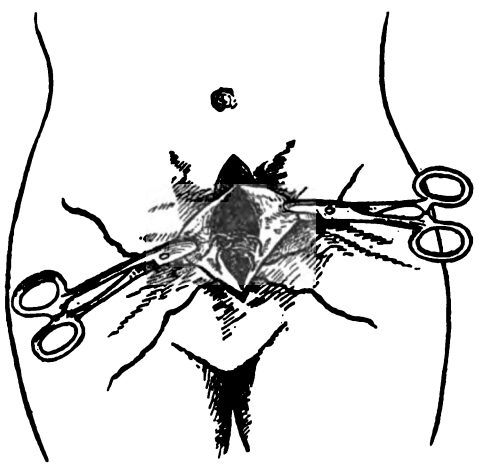


Fig. 1.—The attachment sutures in position. The flaps held apart by the forceps are the peritoneum.

needle is of the right size and shape, and that the silk is of proper thickness. I use a braided silk, No. 7, made by Ellwood Lea & Company, of Conshohocken, Pa. The needle is slender, half-curved, with a diameter of less than one-half of an inch (see small needle, Fig. 8). Pulling the peritoneum at the lower angle of the incision into the wound, the first suture is introduced about one-half of an inch from its divided edge on the left side (see Fig. 1).

The index and middle fingers of the left hand are now passed into the abdominal cavity and the fundus of the uterus held in position for the introduction of the sutures (see Figs. 2 and 3).

The suture is introduced into the fundus directly in the centre of the median line, dividing the uterus antero-posteriorly (see Figs. 1 and 4). It is buried one-fourth of an inch deep into the uterine tissue with a

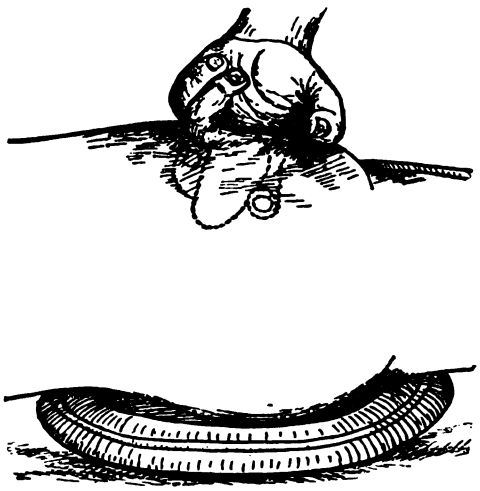


Fig. 2.—The index and middle fingers of the left hand holding the fundus in position for the introduction of the attachment sutures.

distance of about one-half of an inch between the points of entrance and exit. The uterus is now released and the suture passed through the peritoneum on the opposite side (see Fig. 1). The second suture

Fig. 3.—The same as Fig. 1. Looking down from above.

is passed through the peritoneum on the left side one-fourth of an inch above the first suture (see Fig. 1). It is then passed through the fundus of the uterus one-

Digitized by Google

fourth of an inch behind the first suture (see Figs. 1 and 4) and then carried through the peritoneum on the opposite side (see Fig. 1).

It is not necessary to hold the fundus in position with the fingers in introducing the second suture, as traction upon the free ends of the first suture pulls the uterus

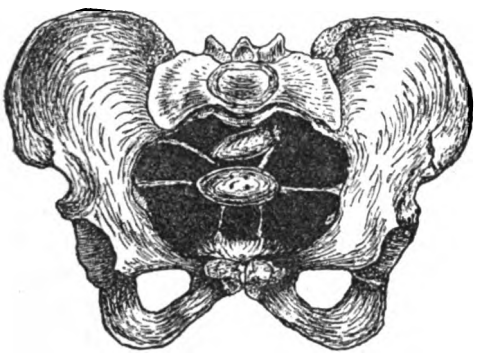


Fig. 4.—The four dots on the fundus of the uterus mark the position of the entrance and exit of the attachment sutures.

securely against the abdominal incision. Both attachment sutures are now in place and their free ends on both sides are grasped with a small pair of forceps to prevent them from becoming tangled.

4. *Introducing the Sutures which Prevent the Stripping of the Peritoneum from the Abdominal Wall.*—This step in the operation is of great importance, as the weight

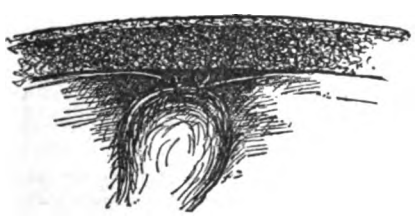


Fig. 5.—Showing the stripping of the peritoneum from the weight of the uterus after the attachment sutures are tied.

of the uterus dragging upon the peritoneum after the attachment sutures have been tied will strip it off from the abdominal wall to a greater or less extent (see Fig. 5).

To prevent this, the first three sutures closing the abdominal incision are introduced so as to include the peritoneum at the points of attachment (see Fig. 6). When these sutures, along with the others closing the incision, are tied, the peritoneum is held in close contact with the abdominal wall at the point of attachment.

5. *Tying the Attachment Sutures.*—The free ends of the attachment sutures are now released from the grasp of the forceps and traction made upon them. This brings the fundus of the uterus in direct contact with the peritoneum. The sutures are now tied and the free ends cut close to the knots (see Figs. 5 and 7).

6. *Closing the Abdominal Incision.*—The last step in the operation is to introduce

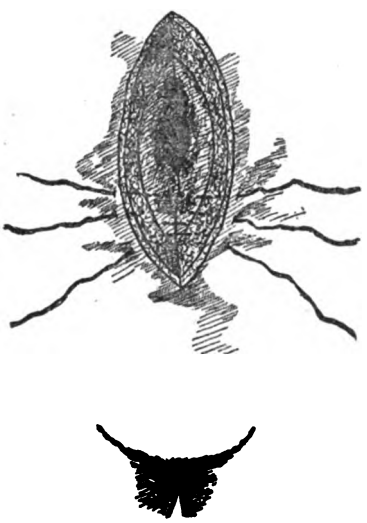


Fig. 6.—Showing the position of the three sutures which prevent the stripping of the peritoneum.

the remaining sutures necessary to close the abdominal incision. As the incision is two and one-half inches long, and as I use three sutures to the inch, four more are necessary for this purpose.

The sutures being in place we begin by tying first those at the lower angle of the wound, as they control the peritoneum at the point of attachment. The dressings are now applied and the operation is completed.

As the result of the technique of this operation there is developed in the course of a few weeks a small band, or ligament, about one to one and one-half inches long, half an inch wide and one-eighth of an inch

Digitized by Google

thick between the uterus and the abdominal wall, which admits of great mobility, so that the organ is readily acted upon by intra-abdominal pressure. Again, the newly-formed ligament keeps the uterus in a normal position without holding it closely attached to the abdominal wall. Furthermore, the second attachment suture, being posterior to the median line dividing the

Fig. 7.—The attachment sutures tied. They include only the uterine tissue and peritoneum.

fundus antero-posteriorly, pulls the uterus somewhat anteflexed, which is its normal position.

The technique of this operation is the same as employed by Kelly, Penrose, and others, except that I do not introduce the sutures into the peritoneum as Kelly does, or include, like Penrose, a few of the fibres of the muscle. Again, the three sutures which control the stripping of the peritoneum which I have added to the technique are of great importance. If the peritoneum becomes separated from the abdominal wall a pocket results which may become filled with blood and cause inflammation, resulting in a firm and immovable union between the fundus of the uterus and the abdomen.

If the technique of this operation is thoroughly carried out it is almost impossible for any bad results to follow in consequent pregnancies and labors. The uterus is not pulled close to the abdominal wall in a fixed and immovable position, but it is held by a delicate ligament which allows great freedom in its movements, easy expansion in all directions during pregnancy, and a normal presentation of the fœtus during labor.

The bad results which are reported following the operation of ventral attachment of the uterus are due to the fact that the majority of operators use an incorrect method and introduce the sutures with a large, heavy, curved needle, entering the uterus near the oviduct and coming out on the opposite side in the same position (see Fig. 8). The aim of the incorrect technique is to secure a broad, firm attachment of the fundus to the abdominal wall. The sutures also include the peritoneum, muscles, and aponeurotic fascia, and are tied over the aponeurosis and remain buried. Naturally this results in a firm and lasting union, and consequently the evil results lately reported in papers and editorials are almost certain to follow.

From a large experience in the operation of ventral attachment I have no hesitation

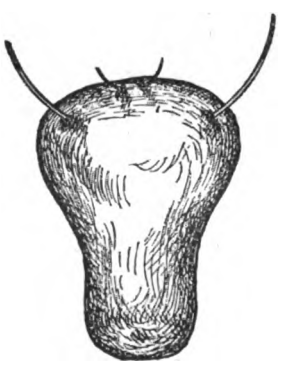


Fig. 8.—Showing the correct and incorrect method of introducing the uterine attachment sutures. Posterior view.

in saying that it is the most satisfactory treatment we have for the cure of chronic retrodisplacements of the uterus. I believe, furthermore, when this operation is properly appreciated by the profession that many cases of so-called nervous prostration and other conditions causing chronic invalidism will be permanently cured and a large number of women restored to health.

2012 WALNUT STREET.

Digitized by Google

APPENDICITIS.*

By William L. Rodman, M.D.,

Professor of the Principles of Surgery and Clinical Surgery in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen: I shall have the pleasure of bringing before you presently two cases of appendicitis. The first, now being etherized, is one in which we operate principally to prevent future trouble, as he has just gotten over his fifth attack and it was a very severe one. The second operation promises but little, as the man was brought into the hospital an hour ago with general peritonitis, which, in a young man, is presumably due to appendicular disease. The two cases—one recovering, the other almost sure to eventuate fatally—should make an impression upon you and, to a degree, guide you in your future practice. It will be impossible for me to review the subject of appendicitis to-day, but in the few moments we have while our patient is being etherized we can give you a few practical hints as to the cause, diagnosis, prognosis, and treatment of appendicitis.

The causes are mechanical and bacteriological: the former, thought to be so common formerly, are now known to be comparatively rare, constituting only about 5 per cent. of the cases.

The bacterium coli commune is the germ supposed to be active in the causation of appendicular inflammation. It is always present in the gut, and when, from any cause,—as mechanical interference with the circulation of the appendix, diarrhœa, constipation,—the normal physiological resistance of the mucous membrane is diminished, this germ at once begins its destructive work. It may be assisted by the streptococcus pyogenes.

Appendicitis is, by far, more common in young adults than the extremes of life, and many times more frequent in men than women: due, according to Claudo, to a better blood-supply in the appendix of women.

The symptoms of appendicitis will depend much upon the severity and type of the inflammation. Catarrhal, ulcerative, and gangrenous appendicitis present different clinical features. In general, we may say that after more or less imprudent eating the patient begins to vomit and complain of abdominal colicky pain that is accentuated about the umbilicus. It soon becomes greater over the McBurney point, which is midway between the anterior, superior, spinous process of the ilium and umbilicus. Tenderness to pressure is nearly always marked at this point.

Fever will usually be moderate, tongue furred, and bowels confined.

The pulse varies with the type and severity of the disease, and is a far truer index to what is going on than the temperature-curve. An ascending pulse almost demands operative treatment.

As to prognosis, we can say that a vast majority of cases survive the first attack; but, unfortunately, many of these will have second, third, and more attacks, until one proves fatal. Post-mortem examinations show that one-third of all people examined have had sometime during life appendicular inflammation. This is more than is claimed clinically, frequent as we know the disease to be.

The treatment is to be medical and surgical. Early in the disease a purgative may be given—and of all calomel is best—and its result awaited. When the bowels have been well emptied the vomiting, pain, and other symptoms may disappear quickly. Opium should not be given at this stage, for it masks symptoms and obscures the diagnosis.

If the purge has not brought about a decided amelioration in the symptoms, and if, in addition, the pulse is ascending, I feel that the case will sooner or later demand operation and prefer to offer surgical relief early when conditions are favorable to success.

But, the patient is now before us, and I must postpone further discussion until another time.

Our first patient is a man who was sent to us by Dr. Brown. He was attacked by

* Delivered in the Medico-Chirurgical Hospital.

Digitized by Google

appendicitis two weeks ago. He was at once purged by means of castor-oil. As the tympanites was but moderate, the temperature not more than 100° or 100.5°, the pulse good and not much over 80, it was thought safe to treat him medically for a short time. Free purgation caused a marked and almost sudden improvement. This is, however, the patient's fourth or fifth attack. For this reason the medical attendant, the patient, and his family felt that radical methods should be adopted and the appendix removed. With that view I coincide, and therefore bring him before you for operation. The results are more satisfactory when the operation is done between attacks, during a period f quiescence, and not at the height of the inflammatory process. The latter course I shall unfortunately be compelled to pursue in a second case of the same disease, admitted to the hospital this morning.

The incision is usually made not quite midway between the spine of the ilium and umbilicus, but rather nearer to the spinous process. The tendency, in fact, is to approach more and more closely to the spine. The knife is carried in the direction of the fibres of the external oblique muscle. Lately the McBurney incision has become popular. According to this method, the abdominal wall is severed separately in the direction of the fibres of the external and internal oblique muscles. The former are parallel with the incision through the skin, while the latter are transverse. I shall follow this method in the present case. I have now divided the skin and have come down upon the external oblique. Following McBurney, I shall endeavor to separate rather than divide its fibres. The internal oblique and transversalis have practically one direction. I now separate their fibres in the same manner as I did those of the external muscle. This method is more tedious than dividing the three muscles in the same direction, but there are anatomical reasons for the procedure when it can be done.

The advantage of McBurney's method is that the danger of ventral hernia is appreciably lessened. Its disadvantages are that it is less rapid and gives the surgeon less room. In a certai - class of cases, therefore, it is not applicable.

I have now entered the abdominal cavity and feel for the appendix. Nothing is more variable than the position of this structure. It is usually directed backward and inward, but in this case I find it pointing downward and outward; just the reverse of what might be expected. I say that I have found the appendix. It must be either the appendix or the diverticulum of Meckel which lies beneath my eye. In event of doubt one must search for the longitudinal striæ indicative of the large gut, as the small intestine has no longitudinal folds. These striæ I have not yet detected, but have little doubt that I am in contact with the cæcum. Yes, I have undoubtedly identified the entrance of the appendix into the cæcum. The appendix is distended with a fluid very much like gelatin. It is also adherent and attached at its inner half.

Now, I shall dissect up the peritoneal coat of the appendix just as I should reflect the skin and superficial fascia in doing a circular flap amputation of the arm or leg. I wish to cover the end of the appendix with a peritoneal cuff. Beneath the cuff I apply a ligature to the base of the appendix. There are many ways of treating the appendix. Many surgeons ligate it after stripping back the peritoneal layer. The argument in favor of the cuff is that it gives a peritoneal covering to the end of the stump. Many look upon this as no advantage. Other operators, again, cut the appendix on a level with the cæcum and suture the opening with the Lembert suture.

The walls of this appendix are very thin. Now you can see the stump before it is returned to the abdominal cavity. There is much evidence of the existence of recent inflammation, the parts being greatly congested. I close the abdominal wall by three rows of sutures, using the running catgut for peritoneum and muscles. In finishing the McBurney operation many do not suture the muscles, but simply let the fibres fall together, as they have been separated and not divided. I prefer, however, to

Digitized by Google

suture them with catgut. Finally, the skin is brought together with silk-worm gut sutures. The ordinary section dressing is applied.

This is the kind of a case in which it is justifiable to wait and try the chance which purgation affords. Many cases are capable of being relieved in this manner.

The second case is of a different type and scarcely admits of delay. It is dangerous to give purgatives in appendicitis after the first few days, as they may then cause rupture of the appendix. This is a septic case, and I shall not here attempt McBurney's operation, but incise directly through the wall of the abdomen as I shall need more room than in the preceding case. The muscular fibres will all be cut in the same direction.

This man was taken ill four days ago with severe pain about the umbilicus. The pain is usually in this situation at first and subsequently becomes localized at a point midway between the umbilicus and right iliac line. Vomiting has been a marked feature of the case and, indeed, is characteristic of the disease. There is much tympanites. It is stated that there has been no action of the bowels since the beginning of the attack. The pulse is 120 and weak. The symptoms are urgent. There is no time to give purgatives and wait the results. The man's condition is already critical and he has, I fear, general peritonitis. The line of external incision is the same as in the first case. I carry the knife at once through all the abdominal muscles. I enter the peritoneal cavity and am met with a gush of pus. The whole cavity is filled with pus. We roll the patient upon his side and an abundance of foul-smelling pus escapes. Unfortunately, the abscess has not been shut off from the general abdominal cavity, as occurs in most cases. The entire peritoneum seems to be infected. In such a case as the present it would not be good practice to make prolonged search for the appendix. If it presents, take it out, but, if it be not easily found, give up the search and do not break up adhesions, which are protective. We will carry a rubber drain down to the point pus issues from. You may ask me: Why not irrigate the entire abdominal cavity? I reply that irrigation disseminates infection. Nothing would be gained and much might be lost. It is true there is but little effort on the part of nature to circumscribe the inflammation in this case, but I will follow a safe rule and use gauze freely and decline to irrigate; by doing so I shall not take an active part in spreading the septic inflammation. I have no doubt that the peritonitis has, in this case, become general, and that the man has scarcely a chance in a hundred or even a thousand to survive the attack. Suppurating peritonitis is practically always fatal in such cases.

No, gentlemen, we will not irrigate, but wipe away, as much as possible, the contents of the peritoneal cavity and, as well as we can, wall off the seat of disease with iodoform gauze. A piece of the gut which I have drawn out is deeply engorged and dark-purple lines indicate stasis of the circulation, with threatened sphacelus. I will insert a drainage-tube and close the wound.

The abscess had burst into the general peritoneal cavity. The case has come into our hands too late. It appears that the physician who sent the case to the hospital recognized the extreme danger and I have operated immediately in order to fulfill a duty and give the patient the benefit of the slim chance which surgery offers.

These two cases constitute an impressive lesson. The first exemplifies the wisdom of waiting and the second the unwisdom. I have said that in the latter case there is scarcely a hope. Yet, results are sometimes better than we expect. Three mornings ago I had a case of gunshot wound of the abdomen. I cut down and sutured the bowel and expected the patient to die within twenty-four hours. Fifty-two hours had intervened between the injury and operation and there was fæcal extravasation, causing general peritonitis.

The patient, however, is doing well, with a pulse of 96 and a temperature of 98.5°. His pulse was 120 and temperature 101½° before the operation. His mind is clear, he seems to have more than a fighting chance, and will probably recover. I do not know

Digitized by Google

of recovery in any similar case. I have not examined the statistics lately, but several years ago I had occasion to do so and found that no successful laparotomy had been performed when more than forty-eight hours had passed before surgical intervention.

I was rather sorry to receive the second case of appendicitis at this time, as it interrupted the purposed order of the clinic. I had several interesting cases which I had intended to show. One was that of a boy, a sciagraph of whose arm had been taken. The boy had suffered a fracture of the external condyle of the humerus. Either at the time, or, more probably, since, the musculo-spiral nerve had been bound down by the callus and as a consequence there was paralysis of the forearm and fingers. You can map out the territory supplied by the nerve. The nutrition of all this area is depressed. The boy cannot extend his fingers or supinate his hand.

I may call your attention briefly to the breast-case operated upon at the last clinic. The temperature has never been over 99°. There has been an absolutely uneventful convalescence. She has had no worse trouble than a certain discomfort due to the position of the arm, bandaged against the side. I had expected to remove half of the stitches to-day, but shall be able to take them all out, as union is so firm.

In the operation the axilla was thoroughly cleaned of all its glands, fat, and everything suspicious, leaving only vessels and nerves. The fascial covering of the great pectoral was removed, but the muscular structure was left intact. It is only necessary to excise the muscle in advanced cases. In a recent case I removed both the great and small pectoral muscles, but that was a third operation. In the present instance the muscular tissue was not involved. Heidenhain has shown that the lymph-current tends rather toward the skin and that it usually suffices to take away the fascia.

After the operation a drainage-tube was left in place for thirty-six hours. I am a believer in drainage. After the wound is closed the arm is bound to the side in order that it shall not tear apart the edges. The limb can be released at the end of thirty-six hours. Union is by first intention throughout without a drop of pus, as you see.

A last case is that of a man on whom, two weeks ago, I performed suprapubic cystotomy on account of cystitis. The bladder trouble was supposed to be due to disease of one or both kidneys; probably both, to judge from the history. The patient has done well, he is free from symptoms, and wishes to go home. Before discharging him, however, I desire to explore the bladder, catheterize the ureters, and determine positively the condition of the renal organs. If both are diseased he will be allowed to go, as nothing can then be done. But if only one be involved I shall propose a nephrotomy, making a lumbar incision, draining the organ, and treating it in the same manner as an abscess in any other situation. The history is strongly suggestive of pyelitis. The results of chemical and microscopical examination strengthen this suspicion. When an acid urine contains a large amount of pus, we can generally be reasonably sure that the disease is presumably pyelitis. If the pus come from the bladder alone the urine has an alkaline reaction. No tube-casts were discovered.

The male ureters can be catheterized, though the operation is not easy, even after suprapubic section. If the bladder be intact the feat is difficult always or, perhaps, impossible in some cases. The procedure is easy in the female where the urethra is large and distensible. The interior of the bladder can be exposed and we can see the ureters. In the male this can only be done by aid of the cystoscope.

The bladder has been drained by means of a rubber tube passed well into the viscus with iodoform gauze and the urine passes through into a bottle placed beneath the bed. Some writers—Treves among others—believe that the bladder cannot be thus drained. Treves says—I quote from memory—that "all forms of siphon drainage are a delusion and a snare." My own experience contradicts this assertion. I have found that the bladder can be perfectly drained. There has been, in this case, no

Digitized by Google

leakage around the tube and the skin is not even reddened.

The manipulation will be painful and I shall have the patient placed under the influence of chloroform; as that is the safer agent to employ in cases of damaged kidney.

Professor Senn advises that cystotomy be done in two stages,—first cutting down to the bladder and packing the wound in order to establish a granulating sinus, and incising the bladder upon the fifth day. I am not disposed to think that there is any advantage in thus dividing the operation, at least in most instances. In very septic urine there is an advantage.

The edges of the wound are retracted by my assistants and the interior of the bladder is thoroughly cleansed and dried by means of sterilized cotton. Introducing the cystoscope and turning on the current, I can plainly discern the orifices of the ureters. From that of the right side there issues a drop of pus. He has always complained of more pain on the right side. The left ureter is found and the same condition seems to appear. Therefore our original diagnosis of pyelitis, presumably on both sides—for it is usually bilateral, stands, and we will do nothing further.

Original Communications.

ANIMAL EXTRACTS.

By Isaac Ott, M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

The animal extracts used by me were in a state of dry powder procured from the house of Armour & Co., of Chicago. When used, the powder was rubbed up in a mortar with a definite amount of water, and then filtered through absorbent cotton. The filtrate was used either per jugular or subcutaneously. The experiments were performed upon frogs and rabbits. Last year I published a short note on the animal extracts, but the pressure of other duties prevented a continuance of experiments. When it is stated in experiments as a gramme or half-gramme of the extract, it means so much of the filtered infusion that would correspond to that amount of the powder. The second-line in the figures serves also as abscissa-line.

Adrenals.

Brown-Séquard found in 1858 that extirpation of the adrenals was followed by death, an observation confirmed by Tizzoni. Pellacani and Foà state that the subcutaneous use of the extract of the adrenals produced death, lowered the temperature, and, in some cases, produced somnolence, general prostration, paralysis, loss of sensibility, frequent and superficial respiration, increased heart-beat, and elevation of temperature. In the frogs it diminished the reflexes. Marino-Zucco found that the extract of the suprarenal capsules contained neurin, and the action of the adrenals was due to neurin. Abelous and Langlois found that the removal of the adrenals was followed by a toxin accumulating in the blood which acted like curare. Oliver and Shäfer* found that it increased the pulse and respiration, and the temperature, which afterward fell. It generally produced death in rabbits. They found that in frogs it produced a paralysis which is not due to any action like curare, but is central in origin. They also discovered that the active principle resides in the medulla of the gland. It increases the tone of all muscular tissue, and chiefly by a direct action. Removal of the adrenals produced a weakness of the heart and muscular system and a great want of tone in the vascular system. They found that it produced invariably a rise of blood-pressure due to a direct action of the active principle of the gland upon the muscular tissue of the blood-vessels. This rise takes place whether the vagi be cut or after an injection of atropine. This rise of blood-pressure is partly caused by increased activity of the heart, but chiefly by an action upon the arterioles. It also inhibits the auricles of the mammalian heart when the vagi are intact; but destruction of the medulla,

* Journal of Physiology, 1895.

Digitized by Google

section of vagi, or a small dose of atropine causes this inhibition to entirely disappear. This action on the vagi has been confirmed by Dr. G. P. Dreyer.* Szymonowicz and Cybulski found that the adrenal extract caused slowing of pulse, increase of blood-pressure, and weakness of respiration.

They found the main vasomotor centre to be concerned in the rise of blood-pressure. Curare prevents the slowing effect on the heart, probably because it paralyzes the peripheral end of the vagi. Atropine and section of vagi are followed by an acceleration by the injection of adrenals. In

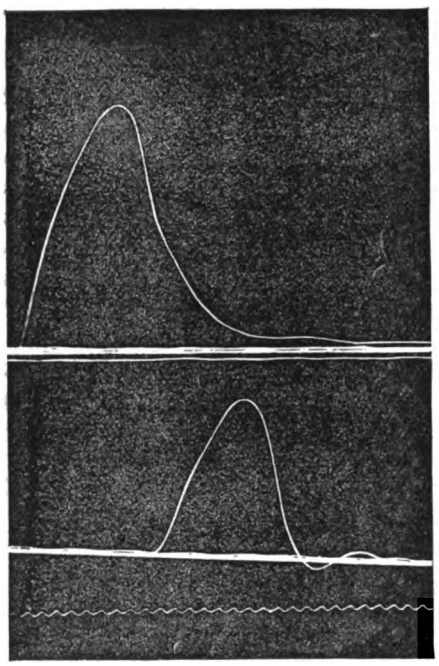


Fig. 1.—*1*, effect of ½ grain of adrenals, subcutaneously, on muscle-curve. *2*, normal muscle-curve. *3*, tuning-fork curve: $\frac{1}{240}$ second.

one experiment after section of the vagi they found a slowing, which they ascribed to a peripheral irritation of the vagi. They found that adrenals accelerated the respiration. The reflexes were depressed in the frog. It is excreted by the kidneys.

Oliver† also found that in the frog the local application of adrenal extract contracted the arterioles, even when the central nervous system was destroyed.

*Science, June 11, 1897.
† Journal of Physiology, volume xxi.

Swale Vincent found that in animals after the subcutaneous injection of adrenals there were slow muscular movements, paresis, and finally paralysis of the limbs; bloody urine, bleeding from the nostrils, rapid breathing at first, then deep and slow, and occasionally convulsions like those of asphyxia. The temperature frequently falls very low before death. The paralysis is central. The injection of glycerin extracts causes local sloughing and ulceration.*

GENERAL ACTION.

The following experiments show that upon frogs the subcutaneous use had no effect, except the frog is slightly stupid.

The motor nerves were not paralyzed in the nerve-muscle preparation; but, when muscle-curves were taken, we observed a slow relaxation in the curve as described by Oliver and Shäfer (Fig. 1). Marey's myograph was used, the muscle being weighted with 10 grammes. The turning-fork curve represents $^1/_{240}$ second.

EXPERIMENT 1. Frog.

Time. P.M.	
2.50	subcu. inj. of ½ gr. of adrenal.
3.05	subcu. inj. of ½ gr. of adrenal.
3.20	subcu. inj. of ½ gr. of adrenal.
3.35	subcu. inj. of ½ gr. of adrenal.
3.55	subcu. inj. of 1 gr. of adrenal powder.
4.00	subcu. inj. of 1 gr. of adrenal powder.

Frog is a little stupid. No effect seen.

EXPERIMENT 2. Frog.

Time. A.M.	
8.30	subcu. inj. of 1 gr. of adrenal powder.
8.45	subcu. inj. of 1 gr. of adrenal powder.

No effect.

REFLEX ACTION.

In frogs with the cerebrum ablated it at first increased the reflex activity and then permitted it to return to normal. The method used was that of Tuerck, the metronome beating 100 beats per minute. The action on the reflexes was as fugitive as it was on the circulatory rise. With the whole brain cut off no rise of reflex activity was seen.

*Journal of Physiology, volume xxi.

Digitized by Google

EXPERIMENT 3. Frog; cerebrum ablated; H_2SO_4 reflex.

Time. P.M.		Met.
2.15		14
2.16	inj. of 1 gr. of adrenal powder	
2.20		4
2.25		2
2.30		10
2 35		12
2.40		14
2.45		12
2.50		10

EXPERIMENT 4. Frog; cerebrum ablated; H_2SO_4 reflex.

Time. P.M.		Met.
3.45		7
3.48	inj. of 1 gr. of adrenal	
3.50		7
3.55		4
4.00		2
4.05		3
4.10		6
4.15		4
4.20		8

EXPERIMENT 5. Frog; brain cut off; H_2SO_4 reflex.

Time. P.M.		Met.
4.40		8
4.41	inj. of 1 gr. of adrenal	
4.45		7
4.50		8
4.55		7
5.00		8
5.05		6
5.10		7
5.15		7

EXPERIMENT 6. Frog; brain cut off; H_2SO_4 reflex.

Time. P.M.		Met.
2.59		10
3.00	inj. of 1 gr. of adrenal powder	
3.05		15
3.10		11
3.15		10
3.20		9
3.25		8
3.30		10

CIRCULATION.

The action on the circulation was studied by means of Ludwig's kymographion. When the vagi were cut or paralyzed, no change was seen in the pulse-rate, as a rule, but occasionally it was considerably increased. As normally adrenals produce a fall of pulse, there must be a stimulation of the vagi which produces it. The rise of pressure in the arterial system always ensues even when the spinal cord is cut between the occiput and atlas. These experiments confirm those of Oliver and Shäfer, who hold that elevation of the blood-pressure is due to the contraction of the muscles in the small arteries. Cybulski and Szymonowicz believe that the main vasomotor centre participates. But, if one carefully examines Fig. 2, I think he will be convinced that the rise is peripheral in origin and not central.

EXPERIMENT 7. Rabbit; etherized; jugular prepared.

Time. P.M.		Pulse.	Pressure.
4.13.45		70	106
4.14.00	inj. of $^1/_{64}$ gr. of adrenal	69	114
4.15.00		78	104
4.20.00		68	100
4.21.00		66	90
4.22.00		65	86
4.23.00		66	85
4.24.00		68	84
4.25.00		67	80

EXPERIMENT 8. Rabbit; etherized; jugular prepared; vagi cut.

Time. P M.		Pulse.	Pressure.
3.10.00		28	110
3.10.15	inj. of $^1/_{64}$ gr. of adrenal	36	125
3.11.00		27	110
3.12.00		28	110
3.13.00		28	108
3.16.00		28	109
3.17.00		56	114
3.18.00		56	116
3.19.00		56	116
3.20.00		56	116
3.21.00		58	117

Digitized by Google

3.22.00		57	117
3.23.00		57	117
3.24.00		58	117
3.25.00		58	117
3.26.00		58	118
3.27.00		58	118
3.30.00		58	113
3.30.15	inj. of $^1/_{90}$ gr. of adrenal	54	125
3.31.00		55	114
3.32.00		55	113
3.33.00		55	113
3.34.00		57	113
3.35.00		58	112
3.36.00		58	112

EXPERIMENT 9. Rabbit; etherized; jugular prepared; preliminary injection of atropine.

Time. P.M.		Pulse.	Pressure.
4.10.00	inj. of atropine		
4.20.00		56	120
4.21.00		58	122
4.21.15	inj. of $^1/_{64}$ gr. of adrenal	55	135
4.22.00		52	130
4.23.00		54	110
4.24.00		55	120
4.25.00		55	117
4.26.00		55	112
4.27.00		56	116
4.28.00		55	108
4.29.00		56	110
4.30.00		54	110
4.31.00		55	110
4.32.00		55	107
4.33.00		27	90
4.34.00		24	88
4.35.00		32	84

EXPERIMENT 10. Rabbit; etherized; jugular prepared.

Time. P.M.		Pulse.	Pressure.
3.55.00	inj. of atropine		
4.00.00		63	80
4.00.15	inj. of ½ gr. of adrenal	54	144
4.01.00		69	128
4.02.00		52	92
4.04.00		51	54
4.05.00		50	44
4.06.00		49	40
4.07.00		49	44
4.08.00		49	46
4.10.00		47	50
4.11.00		50	50
4.12.00		48	50
4.13.00		52	50
4.14.00		50	50
4.15.00			52
4.17.00		52	56
4.18.00		54	56
4.19.00		55	56
4.20.00		58	62
4.21.00		54	62

EXPERIMENT 11. Rabbit; etherized; cord cut above the atlas, all the cardiac nerves in the neck cut, jugular prepared, and tracheotomy performed. Section of cord verified post-mortem.

Time. P.M.		Pulse.	Pressure.
3.00.00		54	24
3.00.15	inj. of ½ gr. of adrenal	55	144
3.00.30		50	130
3.02.00		50	32
3.03.00		48	34
3.04.00		49	30
3.05.00		48	24
3.07.00		47	17
3.07.15	inj. of ½ gr. of adrenal	52	134
3.07.30		55	124
3.08.30		52	102
3.10.00		45	24
3.10.15	inj. of ½ gr. of adrenal	49	100
3.10.30		53	124
3.12.00		45	14
3.13.00		45	12
3.14.00		45	10
3.15.00		45	10
3.16.00		46	8
3.17.00		47	8
3.18.00		43	7
3.19.00		42	7

RESPIRATION.

This was studied by means of Marey's polygraph. The adrenals decreased the rate of the respiration. Section of the vagi did not alter the result. The adrenals depress the centre of respiration.

Digitized by Google

EXPERIMENT 12. Rabbit; etherized; jugular prepared; tracheotomy.

Time. P.M.		Respiration.
2.12.45		30
2.13.00	inj. of ½ gr. of adrenal	16
2.14.00		8
2.15.00		12
2.16.00		20
2.17.00		16
2.18.00		20
2.19.00		20
2.22.00		20
2.23.00		13
2.24.00		10
2.25.00		9
2.26.00		10
2.32.00		11
2.33.00		10
2.38.00		10
2.43.00		14
2.44.00		25
2.44.15	inj. of $^1/_{32}$ gr. of adrenal	22
2.44.30		26
2.47.00		16
2.48.00		16
2.49.00		17
2.50.00		17
2.51.00		17
2.52.00		18
2.53.00		19

EXPERIMENT 13. Rabbit; etherized; jugular prepared; tracheotomy. Vagi cut.

Time. P.M.		Respiration.
4.12.00		33
4.12.15	inj. of $^1/_{32}$ gr. of adrenal	28
4.13.10		28
4.14.00		40
4.15.00		35
4.15.15	inj. of $^1/_{32}$ gr. of adrenal	28
4.16.00		36
4.17.00		40
4.18.00		41
4.20.00		35
4.24.00		21
4.25.00		38
4.26.00		36
4.26.15	inj. of $^1/_{32}$ gr. of adrenal	20
4.27.00		36
4.28.00		40
4.29.00		9
4.30.00		10
4.31.00		23
4.32.00		29
4.37.00		4
4.38.00		7
4.38.15	inj. of ⅛ gr. of adrenal	7
4.39.00		7
4.39.15	inj. of ⅛ gr. of adrenal	8
4.40.00		9
4.41.00		11
4.42.00		11

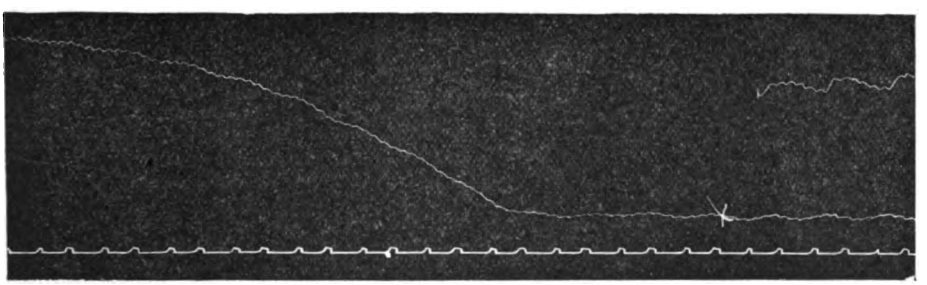


Fig. 2.—Effect of injection of ½ grain, per jugular, of adrenals in animal with cord cut between atlas and occiput. The star denotes the time of injection.

(*To be continued.*)

Denver Clinical and Pathological Society.—The newly elected officers were: Dr. C. K. Fleming, President; Dr. G. M. Black, First Vice-President; Dr. Alfred Mann, Second Vice-President; Dr. Lewis M. Walker, Secretary; Dr. Leonard Freeman, Treasurer; Drs. Wetherill, Waxham, and Hopkins compose the Executive Committee, and the Membership Committee is Drs. Blaine, Hershey, and Lewis M. Walker.

Digitized by Google

THE DEATH OF AN EOSINOPHILE.

By Ernest B. Sangree, A.M., M.D.,

Professor of Pathology and Bacteriology in the Medical Department of the Vanderbilt University, Nashville, Tenn.

Some days since I spent over three hours observing the last movements of an eosinophile cell belonging to a drop of my own blood. The preparation was made by touching with a cover glass a rather large drop of blood and dropping the glass directly on to a slide. The temperature was that of the room. In a short time the blood at the edges coagulated, preventing in this way much further evaporation from the inner portion of the blood, this remaining fluid throughout the observation. It was made with a one-twelfth oil-immersion objective and a one-inch eye-piece. When first seen the cell was slightly larger than a red corpuscle and contained about one hundred and fifty granules which were all in active movement. The cell-movements, as a rule, were sometimes brought about by a massing of the granules at one aspect of the cell and elongation of the protoplasm in this direction, followed in time by the remainder of the cell; and again by the sudden appearance of filaments, exquisitely delicate at their free ends, shooting from the cell-body. Starting at the base in single file, at first go the granules, the base gradually widening and the granules gradually advancing more *en masse*. Ever and anon the cell would contract itself into a well-rounded sphere, with a diameter less than that of a red corpuscle, and again would flatten itself out over a surface of three times or more such a diameter. During one of the periods of contraction I took my eyes away from the microscope for a few moments and when again I looked there was apparently another cell of the same kind close against the first, for a deep constriction was to be seen between the two and a well marked line extending between the constrictions; but when I saw all the granules rush rapidly from the upper cell to the farthest aspect of the lower cell, I knew that these were but portions of the same cell and began to think I was about to observe a division into two. This apparent division, however, went no farther. Now the lower half contracted into a tight sphere and suddenly from that portion of it where the granules were massed they shot out one by one through the same opening. At first fifty or sixty of them sprang out with such force that they were carried to a distance from the cell of one and one-half red blood-cell diameters. The remainder came out with less force and velocity, but, without exception, all emerged at one spot. These granules were now seen to be from one and one-half to two and one-half times longer than thick, and it was noticed that, on the occasion of their exit from the cell all came in the line of their long axis, making it appear as if the opening were not large enough to allow of their escape in the other direction. The granules were now apparently destitute of any enveloping cell-substance, no manipulation of the microscope enabling me to distinguish the slightest suggestion of cell-body. I was the more inclined to think that the granules were now free because the two halves of the cell were still to be seen in the same position. The granules now proceeded to undergo movements similar to those which they had previously exhibited. Sometimes a mass would move in one direction, wave this way and that, and finally return to the central body. Again two, three, or four granules, arranged in the line of their long axes, would project themselves from one aspect of the mass, followed soon by gradually increasing numbers, the front granules going to the distance of, may be, one and one-half blood-cell diameters.

Occasionally this projection after a variable time would be withdrawn to the main body, and again the end-granules turn to the right or left, make a large detour, closely followed by the others, and either enter the main mass at a point quite distant from the point of exit or else combine with the granules of a similar projection from another portion of the mass, which had apparently come out to meet the first. At another time two or three granules would wander off from the main body to a considerable distance and spend some minutes in traveling about, now side by side, again end

Digitized by Google

to end, and again separately. These individual movements were just like those of many bacilli. The shape of these granules, also, was so similar to that of many of these organisms that without knowing its genesis, one could not have told this mass of granules from a little colony of bacilli. These were not the dancing motions ordinarily seen in the Brownian movement, but were in a fixed direction. The granules gently waddling from side to side would start at one place and finish at another. The freer the granules were, the greater was the amplitude of their vibrations; but as the massing was closer the individual movements were necessarily less, though I believe that these granules in life are never still. I watched these movements intermittently for over two hours. During this time the granules apparently lay across two *rouleaux* of red corpuscles, but by breathing on the slide these *rouleaux* were made to oscillate, while the granules were unaffected; therefore I knew that the latter were attached to the under side of the cover-glass. A few minutes after the apparent escape of the granules from the cell, it gradually disappeared under my eye; though I fancied faint traces were still to be observed. At last, upon returning to the microscope after an absence of some five minutes, I was astonished to see that the granules had left the cover-glass, had traveled some little distance over the red blood-cell *rouleaux* and gotten down into the serum again, and were once more surrounded by a well-defined cell-body. During the previous two hours the mass of granules had constantly been in motion, but had never wandered from a fixed spot; the movement had been about a common centre. Now, however, the cell in its amœboid movements traveled across the field of the microscope in so lively a manner as to require frequent readjustments to keep it in view. The movements of granules and of protoplasm were similar to those first observed. I then noticed, though, that the cell-body appeared to have the faculty of changing its refractive index to such an extent that several times the cell-body became quite invisible and nothing but the granules were to be seen. This occurrence did not seem to be due to any alteration in the size of the corpuscle. This, and the fact that the granules were rehabilitated, convinced me that they never had deserted the cell-body, but that probably they were accompanied first by the inner protoplasm and later by the outer and that this action was what caused the cell apparently to disappear. After more than three hours, the first sign of disintegration on the part of the leucocyte was the escape of several granules from the mass. On two occasions two granules in company, and, on two others, separate granules, deserted the cell and gradually wandered away until lost to view behind red blood-corpuscles. In each instance their escape was marked by the wildest movement on their part, a movement due probably to the difference in density between the protoplasm of the cell and the substance of the serum. The two attached granules, which were arranged end to end, rolled over and over each other, pulled this way and pushed that, apparently trying to tear themselves apart, all the time, however, definitely traveling farther and farther away from the parent-cell. The single granules went through as rapid gyrations as did those in pairs and also wandered definitely away from the cell.

Cabot in his recent work on "Clinical Examination of the Blood" is, so far as I know, the first one to mention, among the corpuscular elements of the blood, "small motile particles, the origin and function of which are unknown."

Is it not likely that the motile granules to which he refers are just such as those that I saw emerge from the dying leucocyte and wander away?

Not having more time at my disposal, I decided to kill the cell, which was still engaged in lively amœboid movement. A small drop of dilute sulphuric acid on the end of a platinum loop caused a violent commotion among the red cells, but did not disturb the position of the eosinophile, for these white cells, though moving about at their own volition, keep an astonishingly firm grip on the glass plate. The granules, however, first exhibited more active oscilla-

Digitized by Google

tions, then huddled close together and soon ceased all motion. The cell was dead. Though unfortunately the granules in certain of the other leucocytes are almost too small to be discerned unstained, yet I have seen them too in oscillatory motion. That this motion is not merely Brownian movement I am convinced, because when the cell is dead, though the medium be amply liquid, yet motion ceases. Ordinary Brownian movement is independent of life. These fixed and determined movements in the smallest bodies which by our present optical means we are able to discern convinces me that the molecules which form these bodies are also engaged in similar fixed and determined movements. And if the granules and the molecules, why not their atoms also? It is, indeed, probable that life is only a mode of motion, but can anyone ever demonstrate that mode?

THE CAMPHOR-TREE IN FLORIDA.

By G. A. Hewitt, M.D.,
PHILADELPHIA.

The camphor-tree, or camphor-laurel, botanically designated as *Cinnamomum camphora*, of the natural order *Laurineæ*, is a native of the southeastern Asiatic coast and the adjacent islands. The area within which it flourishes extends from about 10° to 34° north latitude and from 105° to 130° east longitude. Much of the camphor which finds its way into the world's markets is obtained from the fertile island of Formosa.

The camphor-tree is a large and beautiful evergreen, which grows to the height of 60 or 100 feet, throwing out numerous and widely-spreading branches. The leaves are of a broadly-lanceolate form, pointed at each end, of a light-green color, and attached to short stalks. The flowers, which appear in early spring, are small, whitish, yellowish-white, or greenish-white in color. The fruit appears in October, is also small, is one-seeded, and its aspect has been likened to that of an imperfectly-ripened, black currant. Under favorable conditions the growth of the tree is rapid. It flourishes best in sandy or loamy soils and in mild climates. Its growth is promoted by the use of fertilizers. All parts of the tree, but especially the flowers, give out a strong odor of camphor. The tree is capable of attaining considerable age.

From its native regions the camphor-laurel has been successfully transplanted to many parts of the globe. It may be reared in subtropical countries upon almost any soil which is not too wet. In Egypt, in southern Europe, in parts of South America, in Southern California, and in the Southern Atlantic States the tree has been cultivated with very satisfactory results. Upon our eastern seaboard it has been grown successfully as far north as points in South Carolina and Georgia. There is no doubt, however, that the camphor-laurel can be more advantageously reared upon the peninsula of Florida than at more northern spots. The climate of Florida and the soil, in many parts of the State, approximate the conditions existent in those regions where the plant originated. No tract could be found more suitable for the cultivation of this valuable tree than the Pinellas Peninsula. The soil is a sandy loam and the winter climate is so mild that frost is almost absolutely unknown. The ground can easily be irrigated to the required point, and an abundance of fertilizer is at hand. It has been conjectured, with much show of reason, that the cultivation of the camphor-laurel might be profitably added to the rapidly-growing list of industries developing in this part of Florida. The camphor-laurel is not only an ornamental shade-tree, but the commercial value of its products makes it of great importance.

The tree is generally cultivated from ripe seeds which have been preserved in white sand. They are sown in drills in the seed-bed about the last of March. It is directed that the seed-bed should contain about one-third leaf-mold, that it should be kept moist, but not too wet, and if the weather is warm be shaded from the direct rays of the sun. The seedlings may advantageously be grown in pots until they are ready for transplantation.

The wood of the camphor-tree is close-

Digitized by Google

grained, light, and durable. It is of a yellow color, takes a fine, satiny polish, and is excellently adapted for some species of cabinet-work. Chests, trunks, drawers, and cupboards made of camphor-wood protect their contents against the inroads of moths and other insects. Neither is the wood itself liable to be attacked by insects.

The chief value of the camphor-tree is as the source of camphor-gum and camphor-oil. These are obtained by the process of distillation, which is carried on more or less crudely in the East. After importation camphor-gum is refined by sublimation. It then presents those physical characteristics with which all are familiar. Camphor-oil is used in the arts. Gum camphor is highly esteemed in medicine. Camphor of good quality has been produced in Florida, 1 pound of crude gum being obtained from 77 pounds of leaves and twigs.

Camphor possesses excellent medicinal properties. Its moderate local irritant power renders it a frequent ingredient in liniments. Internally it acts as an anodyne, antispasmodic, stimulant, and carminative. Camphoric acid, an oxidation product of camphor, is one of the best remedies in the night-sweats of pulmonary tuberculosis.

HERPES ZOSTER CAUSED BY ARSENIC.*

By Eugene Lee Crutchfield, M.D.,
Baltimore, Md.

That this disease is sometimes produced by the internal administration of arsenic has been asserted by competent observers. Nor is it strange that in cases of idiosyncrasy such an effect should be produced by this drug. It is well known that arsenic has an action upon the nervous system, as is shown by its utility in certain diseases of a neurotic character, as chorea, neuralgia, cerebral hyperæmia, paralysis agitans, etc. It is also an established fact that zona is a disease of the skin due to trophic disturbance of certain nerve-tracts. This view was first advanced by Bärensprung, and it has been confirmed by such other investigators as Danielssen, Weidner, Wyss, and Kaposi. Therefore, bearing in mind these two facts, we need not be surprised that where an idiosyncrasy exists arsenic should produce this effect. According to Biddle, "arsenic has been found deposited in the nervous system." Duhring says that "arsenic is supposed by some observers to be capable of causing herpes zoster: a view which was first brought forward by Mr. Hutchinson, of London. Cases are certainly met with where it seems highly probable that the outbreak was due to this agent." Samuel O. L. Potter also attributes this cutaneous affection to the action of arsenic in full medicinal doses continued. Henry W. Stelwagon, in treating of dermatitis medicamentosa, says that "herpes zoster has been thought to follow the use of arsenic." Bartholow, in describing the effects of this drug in large medicinal doses, administered for a lengthened period, says: "As regards the nervous system: disorders of motility, —trembling, stiffness, and contraction of the joints,—disorders of sensibility, herpes zoster."

In May, 1897, two cases seemingly proving this hypothesis came under my observation. Charles B., aged 17 years, white, suffering with incipient phthisis, had been under my care for several months, during which he had taken arsenic almost continuously. The drug had at intervals been discontinued to prevent any toxic symptoms. However, at one of his visits to my office he complained of an eruption on his body. At first sight I pronounced it shingles, but a closer inspection disclosed the fact that it was non-vesicular, simply papular. And yet the papules were grouped so characteristically and the trouble followed so closely the course of an intercostal nerve that I adhered to my original diagnosis. At a later visit the vesicles had manifested themselves, and thus the correctness of my diagnosis was proved. Suspecting that the eruption had been produced by the use of arsenic, the prescription containing this drug was discontinued, other tonic treatment was substituted, and

*Read before the Baltimore Medical Association, November 22, 1897.

Digitized by Google

an ointment of carbolic acid (gr. xv) and ung. zinci oxidi benz. (℥j) was ordered. Afterward I gave him the following:—

℞ Zinci phosphidi, gr. ij.
Ext. nucis vomicæ, gr. iiss.
Ferri iodidi, ℈j.
M. ft. pilulæ No. xx.
Sig.: One pill three times a day.

Under this treatment the affection subsided.

Mrs. Emily H., aged 77 years, white, had suffered with intermittent fever. The paroxysms were arrested with large doses of quinine. To eradicate the malarial cachexia, arsenic, eucalyptus, tr. cinchonæ comp., etc., were used. After having taken arsenic for a considerable period, although it was administered cautiously, she, too, complained of an eruption that on examination proved to be herpes zoster abdominalis et femoralis. The arsenic was immediately stopped and the following was ordered:—

℞ Zinci phosphidi, gr. ij.
Ext. nucis vomicæ, gr. iiss.
Ext. quassiæ, ℈ij.
M. ft. pilulæ No. xx.
Sig.: One pill three times daily.

The case progressed favorably.

It would be difficult to prove that in these two cases the affection was due to the arsenic, but it is highly probable that such was the etiology of the eruption. My attention was especially directed to this point by the facts that the cases occurred within so brief a period of each other and that both patients had taken the same drug.

1932 E. Preston Street.

Abstracts.

Nephritis Due to the Diplococci of Fraenkel and Diplococcæmia Consecutive to Tonsillar Angina.

Dr. C. Baduel, of Florence, reports four cases of nephritis following tonsillar angina and due to the localization and development of Fraenkel's diplococci which were also found in the blood. In each instance there had been a greater or less interval between the angina and the nephritis marked by general malaise, weakness, etc.

The beginning of the nephritis is ordinarily abrupt. Chills and fever of short duration occur, severe renal pains with scanty and hæmorrhagic urine, rich in organic sediments and albumin, poor in urea. There was more or less marked œdema, amounting even to anasarca.

The progress is variable. After a period of comparative amelioration the symptoms of acute nephritis, often complicated with uræmia, suddenly and without obvious cause develop. The disease is generally apyretic. The patient exhibits progressive emaciation and anæmia. The duration is long and the gravity varies.

In addition to uræmia grave complications are rare. Pulmonary congestion and dilatation of the right ventricle have been observed. In one case there were endopericarditis and left pleuro-pneumonia which did not influence the course of the affection, as it remained benign and apyretic.

Bacteriological investigations revealed the simultaneous presence in the urine and blood of Fraenkel's diplococcus. The pathogenic power of this organism was very much reduced and continuously diminished from the beginning to the end of the disease. The diplococcus found in the urine was weaker than that in the blood.

The author finally describes a case of diplococcic infection consecutive to angina in which the intervening period was very long and uneventful and in which the aggregate of symptoms suggested the presence of general typhoid infection. Examination showed the occurrence in this case of rather virulent streptococci of Fraenkel in the urine and blood.—Revue Hebdomadaire de Laryngologie, etc.

Paralysis of the Laryngeal Muscles in Typhoid and Typhus Fevers.

Dr. L. Przedborski, of Lodz, makes the following summary:—

1. Paralysis of the muscles of the larynx in typhoid fever is much more frequent

Digitized by Google

than has hitherto been thought. This fact is unmistakably demonstrated if the larynx be examined in every case of typhoid fever and in the different periods of the disease, even when no laryngeal complication is indicated by outward symptoms.

2. This paralysis is equally frequent in the febrile period and in convalescence. In typhus fever laryngeal paralysis is more frequent during the febrile stage than in convalescence.

3. All the muscles of the larynx, adductors as well as abductors, are attacked with the same frequency.

4. The development of laryngeal paralysis occurs with a certain regularity. Only one of the adductors of the glottis is at first attacked, the abductors are afterward involved in their turn and the picture of complete recurrential paralysis is presented.

5. The successive appearance and disappearance of recurrential paralysis does not always occur according to Semon's law. Thus, paralysis which began in the dilators of the glottis sometimes disappears and the constrictors are then attacked.

6. The progress of typhoid paralysis is most often acute, a cure occurring in the space of one to three weeks. In typhus fever the affection has a tendency to become chronic.

7. The prognosis is favorable in typhoid fever even when both recurrents are paralyzed. Complete cure, on the contrary, is an exception in typhus fever.

8. The virulence of the specific microorganism and its biological properties certainly play an important part in the advent of typhoid paralysis. As much may be said of the individual predisposition of each patient. Out of seven patients belonging to the same family and who became ill under the same etiological conditions, the writer observed laryngeal paralysis only in three cases (twice in the course of typhus fever and once in typhoid).—Revue Hebdomadaire de Laryngologie, etc.

Reflex Neuroses of Nasal Origin.

At a meeting of the Netherland Society of Laryngology, Rhinology, and Otology Dr. Moll, of Arnheim, reviewed the history of nervous reflexes and cautions against adopting extreme opinions which attribute to them, at one time, too great and, then, again, too small a rôle. He described a case of very serious disorder of deglutition in a man, aged 60 years, and which completely disappeared after ablation of a spur of the septum. The patient, who for a year could only swallow liquids, gained the power of taking solids. In another similar case the immediate effect of the operation was equally satisfactory, but the final result was less favorable.—Revue Hebdomadaire de Laryngologie, etc.

Dermographism in Tabes.

At a meeting of the Biological Society M. Raïchline stated that, notwithstanding the notable frequency of vasomotor and trophic disorders in tabes, none, as far as he was aware, had endeavored to study systematically the presence in that disease of the phenomenon long known as dermographism (or autographism). His own investigations had led him to believe that dermographism is a very frequent symptom in locomotor ataxia. He had found it in ten out of fourteen cases examined with this object in view. He believes that it occurs as a consequence of vasomotor disorder due to the nature and localization of the pathological process independently of any dyspeptic condition or concomitant cutaneous disease, and also independently of attacks of lightning pains.

As in other cases, likewise, dermographism in ataxia is particularly prominent upon the trunk and, above all, upon the back, where it is generally associated with a superficial or deep cutaneous hyperæsthesia. It rarely has the appearance of simple vasomotor paralysis, like that of the meningeal streak of Trousseau. More often it is the projecting dermographism, accompanied by the sensation of goose-flesh and a more or less persistent turgescence of the skin in the parts irritated, such as have been described in various other affections by Timpers, Féré, and Lamy, and especially by Barthélemy.

Digitized by Google

The striking resemblance which exists between syringomyelia and locomotor ataxia as regards trophic and vasomotor disturbances is well known. Now, dermographism has already been observed in syringomyelia by writers, as Schultze and Roth. The frequency of the same manifestation in locomotor ataxia, therefore, strengthens the analogy.—La Tribune Médicale.

Sympathetic Otitis.

At the eleventh meeting of the French Surgical Association M. Paul Raugé, of Châles, stated that spontaneous or traumatic lesions, primarily limited to one ear, may secondarily provoke a certain number of organic or functional disorders in the other ear. The course of events is exactly comparable to that which happens in sympathetic ophthalmia. The speaker had observed a series of cases in which this effect was plainly displayed. His cases presented themselves under the following general form: A lesion attacks one of the ears. The integrity of the opposite organ remains for a time undisturbed. At the end of a greater or less period, however, there is observed upon that side a diminution of hearing ending rapidly in more or less complete deafness.

The difficulties in such a case are sometimes purely functional and sometimes associated with a chronic inflammation which most often assumes the atrophic or sclerous form.

These lesions are susceptible of being arrested or retroceding by destruction of the diseased parts of the ear first attacked (cauterization, curettage, evacuation). Systematic ablation of the affected parts of one ear in order to protect the healthy organ should have the same therapeutic importance as enucleation in case of sympathetic ophthalmia.—La Tribune Médicale.

Gaseous Subdiaphragmatic Abscess.

The following case was reported by M. Lejars at a meeting of the Surgical Society: A man of 40, who had suffered for several years from ill-defined gastric troubles, was suddenly attacked on the 6th of last July by serious symptoms which gave rise at first to a suspicion of intestinal occlusion. He entered the service of M. Courtois-Suffit. After several hours the tympany, which was considerable, appeared to be limited to the epigastric and right hypochondriac regions. The pain was very acute in the same situation. The resonance was decided and masked the hepatic dullness.

The condition was most alarming when an operation was done on July 22d. A median incision above the umbilicus led to an enormous sac, from which escaped an abundance of foul gas and more than a litre (1¾ pints) of pus. The sac was bounded above by the diaphragm, below by the liver and stomach, which were crowded downward and, especially, backward. The cavity was freely irrigated with boiled water and drained. The patient gradually recovered and at the end of two months was completely cured.—La Médecine Moderne.

Metrorrhagia in Diseases of the Liver.

At a meeting of the Medical Society of the Hospitals M. Dalché stated that the influence of hepatic disorders in causing metrorrhagia, often mentioned by the older writers, is indisputable. Of all these affections, biliary lithiasis is that which most often disturbs the menstrual function. In consequence of hepatic colic the menses become more abundant; in some instances they reappear two or three days after cessation, and this menorrhagia may last ten days or more; there are often a passage of clots and the pains of congestive dysmenorrhœa. After repeated attacks the menses are hastened or delayed, are abundant or suppressed in such a manner that the periods are confused. In subjects of lithiasis afflicted with uterine lesions metrorrhagia occurs between the menstrual epochs. A slight, as well as a severe, attack of colic has this effect. Cirrhosis produces metrorrhagia, especially in the beginning, while in a later stage it occasions amenorrhœa. The speaker also reported several cases of metrorrhagia co-existent with tumors of the liver and with benign or

Digitized by Google

malignant infectious jaundice. One of his patients refused curettage and was cured by treatment directed entirely to the calculi.—La Médecine Moderne.

Gonorrhœa a Constitutional Disease.

A paper upon the above subject was communicated to the French Urological Association by MM. Jullien and Sibut, of Paris. The writers remarked that the general disorders which may complicate gonorrhœa are to-day well recognized. They contributed to the list two new cases. One patient was a young girl of 17, admitted to Saint Lazarus on account of vaginal gonorrhœa, in whom the discharge was complicated by articular synovitis, tendino-synovitis, hygroma, myositis, nephritis, and suddenly the temperature rose to 40° C. (104° F.) and meningitis, with delirium, developed. Cold baths were beneficial, and the patient recovered. An eruption of rose-colored spots had preceded the evolution of the complications. Examination of the blood did not reveal the presence of gonococci, which had previously been found in the urethra.

In the second case gonorrhœa co-existed with syphilis, which it seemed to dominate. Gonococci were recognized in the vaginal pus. Articular troubles showed themselves in various situations, but soon gave place to a cardiac affection which soon ended in destruction of the mitral valve. Emboli were produced, the cardiac cachexia increased, the patient lost flesh, and remained infirm, short of breath, and incapable of any work. Gonococci were present in the blood.

These cases again demonstrate infection of the blood in certain cases of gonorrhœa. The writers also cited the investigations of Ahman who, in a similar case, obtained pure cultures of the gonococci and, with the fifth generation, inoculated a young man who offered himself for experiment. A violent gonorrhœa resulted and, notwithstanding the promptest attention, was complicated with epididymitis, cystitis, synovitis, and, finally, pleurisy.—La Médecine Moderne.

Pneumonic Hemiplegia. Meningism and Meningitis.

MM. Mouisset and Lyonnet write that, though cerebral troubles are frequent in the course of infectious diseases and hemiplegia is well known as a complication of pneumonia, the pathogenesis of the nervous disturbance is still somewhat obscure. Since the thesis of M. Lépine it is admitted that generally, in old people, there exists a cerebral ischæmia, of long standing, due to atheroma of the cerebral arteries.

Other lesions have been indicated, as softening and patches of meningitis. When patients recover the disorders are generally regarded as functional. M. Chantemesse has observed cases of transient pneumonic aphasia, to explain which he has recourse to two hypotheses invoking the action of microbian toxins, either directly upon the nervous centres or upon the contractility of the cerebral vessels by the intermediary route of the vasomotors and the circulation upon them dependent.

The autopsy of a woman who suffered from pneumonic hemiplegia demonstrated to the writers the following lesions: Hyperæmia of the meninges; considerable cerebral anæmia; absence of pus or area of softening. Bacteriological examination of the serous effusion showed the presence of pneumococci. It is probable that the cerebral anæmia was the beginning of an inflammatory lesion which would subsequently have presented the usual characters of meningitis,—*i.e.*, that pus would have occurred if death had not been so early. This lesion, therefore, was capable of cure, and this fact would furnish an explanation of those curable cases of meningitis which have been described under the name of meningism.—La Médecine Moderne.

New York State Association of Railway-surgeons.—The following officers were elected: President, Dr. Clinton B. Herrick, of Troy; Vice-Presidents, Dr. Thomas D. Mills, of Middletown, and Dr. William D. Morrow, of Walton; Secretary, Dr. George Chaffee, of Brooklyn; Treasurer, Dr. Harvey P. Jack, of Canisteo.

Digitized by Google

Therapeutic Notes.

Constipation in Babies.

For constipation occurring in babies during the first year, and not relieved by regulation of the diet, Carron de la Carrière recommends light massage of the abdomen with the palm of the hand well oiled. The movement should be made in a circle about umbilicus, pressure being light, and exerted especially in the right iliac region. Each sitting should occupy not more than ten minutes, and should take place in the morning. For babies after the first year, massage may be made with the finger-tips over the course of the large intestine from the right to left.—Practitioner.

Alopecia.

The following may be recommended as extremely useful:—

℞ Resorcin, 2 drachms.
Salicylic acid, 30 grains.
Castor-oil, 1 fluidrachm.
Rectified spirit, 6 fluidrachms.
Oil of bergamot, 1 fluidrachm.

M. Rub well into the scalp every night.

When greater stimulation is desired, one may use

℞ Mercuric chloride, 12 grains.
Betanaphthol, 40 grains.
Castor-oil, 1 fluidrachm.
Rectified spirit,
Bay rum, of each, 3 fluidounces.

—Dr. Jay F. Schamburg in the Philadelphia Polyclinic.

The Treatment of Ciliary Alopecia due to Syphilis.

Monin recommends the following treatment for falling of the eyelashes due to syphilis:—

1. ℞ Glycerin, 200 parts.
Extract of krameria, 15 parts.
Calcium iodide, 10 parts.
Iodine, 1 part.

M. Sig.: A teaspoonful every morning, in half a glass of water.

2. A pill containing 3½ grains of extract of juglans and $^{80}/_{100}$ of a grain of mercury protiodide to be taken twice a day.

3. ℞ Pilocarpine nitrate, ¾ grain.
White precipitate, 3½ grains.
Vaselin, 225 grains.

M. Sig. A piece as large as a grain of wheat to be rubbed on the edges of the lids, the lids being closed, every night and morning.—New York Medical Journal.

Applications to Insect-bites.

Brocq and Jacquet recommended the following for the bites of bugs, fleas, and gnats:—

1. ℞ Camphorated oil of chamomile, 100 parts.
Liquid storax, 20 parts.
Ess. of peppermint, 5 parts.—M.

2. ℞ Olive-oil, 20 parts.
Storax ointment, 25 parts.
Balsam of Peru, 5 parts.—M.

3. ℞ Naphthol, 5 to 10 parts.
Ether, enough to dissolve it.
Menthol, ¼ to 1 part.
Vaselin, 100 parts.—M.
—New York Medical Journal.

Chronic Conjunctivitis.

For the least severe cases Mr. Berry recommends, in the Edinburgh Medical Journal, the following prescriptions for local use:—

℞ Hazelini, 4 ounces.
Aquæ carui, 8 ounces.

℞ Acidi tannici, 6 or 12 grains.
Sodæ biboratis, 3 drachms.
Glycerini, 6 drachms.
Aquæ camphoræ, q. s. ad 12 ounces.

℞ Tincturæ myrrhæ, 2 drachms.
Aquæ destillatæ, 12 ounces.

℞ Aluminis, 10 to 20 grains.
Aquæ rosæ, 12 ounces.

℞ Extracti cinchonæ flavæ liquidi, 48 minims.
Acidi hydrocyanici diluti, 15 minims.
Glycerini, 6 drachms.
Aquæ destillatæ, q. s. ad 12 ounces.

℞ Ichthyol, 1 drachm.
Aquæ sambuci,
Aquæ destillatæ, of each, 6 ounces.
—Therapeutic Gazette.

Digitized by Google

Hypnotics.

An American author gave us his estimate of this class of agents in a conversation recently; we quoted his views in our own words:—

"The only new hypnotic introduced during the last ten years is pellotine; its value is not yet established, although several favorable clinical reports have been published; nothing valuable therapeutically has been heretofore gained from the cactus-plant. Trional, introduced recently, is only an improved sulphonal (dating back more than ten years), and the two are equally dangerous. Chloralamid is the next recent introduction, and is the safest of all; but even chloralamid can induce a habit, although few cases are on record; it is least poisonous, and patients have recovered without damage from enormous overdoses.

"All the new hypnotics can be used successfully in some cases, properly administered. Chloral and chloralamid appear to yield the best and most reliable results, while least exposing the patient to dangerous symptoms. The ideal hypnotic is still to be attained."—Editorial in American Therapist.

Stomatitis.

The following may advantageously be used in the form of spray every hour:—

℞ Chinosol, gr. x.
Boric acid, ʒj.
Glycerin, ʒss.
Aquæ, ad ʒiv.

This spray is also useful in the sore throat of scarlet fever.—Practitioner.

The Treatment of Tuberculosis by Euphorbia Resin.

M. Pénières, of Toulouse, has just laid before the Academy of Medicine the results of some interesting work with regard to a new treatment of tuberculous lesions which are amenable to surgical treatment. His plan is to treat tuberculous foci by means of injections of euphorbia resin, the strength being under 1 milligramme. By this treatment he has cured the masses of tuberculous glands in the neck which are so common in young children, and one great advantage of this plan is that it leaves no unsightly scars and is available for the treatment of tuberculous affections of both bones and joints. M. Pénières cited the case of a young man who was affected with tuberculous disease of both wrist-joints. Suppuration had occurred in both the bones and the soft parts. The patient had been condemned to amputation, or at least to a resection, but he is to-day perfectly well. M. Pénières exhibited in support of his statements a series of x-ray photographs of the affected parts, before, during, and after treatment. In the first set the bones of the wrist-joint were seen to be sewn with little, black points just like those in worm-eaten wood; then the holes were seen to be filling up, and finally, the bones exhibited normal characters. All the sinuses have healed and the patient, who formerly could not hold a fork or even blow his nose, is now able to resume his occupation as a wood-carver. The action of the euphorbia resin must not be pressed by repeating the injections too often. One injection every eight days or even fifteen days is generally quite often enough. The best preparation is a very fine emulsion in alcohol of such a strength that 1 cubic centimetre of the fluid contains ¼ of a milligramme of euphorbia resin.—Paris Corresp. Lancet.

Vomiting.

In obstinate cases of vomiting after surgical operations the popular prescription of Hearn may be tried:—

℞ Spiritus chloroformi, 8 minims.
Acetum opii, 3 minims.
Mucilag. acaciæ,
Aquæ, of each, q. s. 1 drachm.

Repeated every hour; or the writer's formula:—

℞ Hydrarg. chlor. mit., $^1/_{10}$ grain.
Cerii oxalatis, 2 grains.
Codeinæ sulphatis, $^1/_5$ grain.
Ft. charta.

Give at intervals of half an hour until four or five powders have been administered.—Dr. Thomas Leidy Rhoads in the Therapeutic Gazette.

Digitized by Google

When the vomiting is due to intestinal affections, Pick prescribes

℞ Menthol, gr. viij.
Cognac, ʒx.
Tr. opii, ʒiiss.

M. Sig.: Twenty drops several times a day.—Gazette des Hôpitaux.

Treatment of Affections of the Middle Ear.

Dr. Bolt says that the conservative non-operative treatment of purulent middle-ear disease is very unsatisfactory, but where we have no alternative, the following combination will prove of great service:—

℞ Storax,
Balsam of Peru, of each, 4 grains.
Alcohol,
Distilled water, of each, 2½ drachms.

M. Sig.: To be dropped into the ear.—Amer. Medico-Surgical Bulletin.

Bronchitis.

In acute bronchitis with superabundant secretion Dr. Osertos prescribes

℞ Acidi benzoici, gr. xv.
Acidi tannici, gr. xv.
Morphin. hydrochlorat., gr. j.

M. et ft. pil. No. x.
Sig.: One pill every two hours.—El Siglo Medico.

Eucaine B as a Local Anæsthetic in Surgery.

From a paper by Dr. Lohmann, of Berlin, in the Therapeutische Monatshefte we extract the following: "At the suggestion of Dr. Thomalla, I publish the results that we have obtained from the use of eucaine b as an anæsthetic in the domain of surgery. Quite early in our experience with the drug we employed 10-per-cent. solutions, with which we obtained most excellent results. We had occasion to employ the anæsthetic in this concentration for the opening of abscesses and the incision of carbuncles, inflammations of the cellular tissue, of the tendinous sheaths, in the suture of tendons, in the removal of a great number of foreign bodies, and for the exarticulation of digits.

"In the treatment of abscesses and carbuncles we injected 1 to 2 hypodermic syringefuls (15 to 30 minims) of the 10-per-cent. solution; and we could then quickly and without any pain make the necessary incisions and curettings."

Papayotin in the Treatment of Leucoplakia Oris.

H. Niemeyer reports the case in which syphilis could be excluded, and the disease was attributed to a burn from hot coffee and to immoderate smoking. It was cured by the patient's giving up smoking, alcoholic drinks, and irritating food and by the daily application of Schwimmer's solution of papayotin, namely:—

℞ English papayotin, 1 part.
Distilled water,
Glycerin, of each, 10 parts.—M.

—New York Medical Journal.

Dysentery.

Surgeon-captain W. J. Buchanan, in the Practitioner, ascribes good results to

℞ Liq. hydrarg. perchlor., m. xv.
Tr. opii, m. v.
Tr. nucis vom., m. ij.
Glycerin, m. xx.
Aquæ, q. s. ad ʒj.

M. Sig.: To be taken three or four times daily.

Inflamed Eyelids.

Darier employs

℞ Ichthyol, 1.
Powdered starch, 10.
Petrolatum, 50.—M.

—Practitioner.

Simple Angina.

A formula attributed to Dr. Pepper is

℞ Pot. chlorat., ʒiss.
Pot. bromid., ʒss.
Extr. belladonn., gr. iv.
Syr. limonis, ʒj.
Syrup, q. s. ad ʒiv.

M. Sig.: Teaspoonful three times a day.—Medical Record.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Jan., 1898.

A HALF-CENTURY OF CHLOROFORM.

LITTLE more than a year ago there was celebrated in Boston the jubilee of the public introduction of ether as an anæsthetic agent. In the latter part of 1897, in an address delivered before the Society of Anæsthetists, Dr. Dudley W. Buxton,* who is an anæsthetist to several London hospitals, that of University College among others, gave an instructive account of the progress of experience regarding the action of chloroform, especially the physiological effects. During the fifty years which have passed since Simpson brought chloroform into use it has been closely studied by a series of investigators. The methods of administration have been the subject of much earnest discussion. The commendable practice of confiding the administration of the anæsthetic in all large hospitals to officially-appointed anæsthetists has trained a body of men specially skilled in that work. The association of these professional anæsthetists has further been of advantage in promoting the scientific and practical knowledge of a powerful agent. The papers read and the discussions held before such an association are of direct value to the members and of interest to the profession at large, particularly to practitioners of surgery.

Following the lead of Simpson, British surgeons have almost universally employed chloroform, and Dr. Buxton has nothing to say of ether beyond some introductory remarks relative to its early history. It is singular to observe that the vast importance of anæsthesia was not at once appreciated by all, and that, during the first year after its introduction it was opposed upon various grounds. Such a discovery, however, was manifestly destined to sweep away all opposition.

Simpson hailed the discovery with joy, and at once made use of ether. He experimented, however, with a number of other agents and was led to give the preference to chloroform. Syme was the great surgeon of the day in Scotland, and it is to the methods introduced by Syme that the labors of the Hyderabad Commission are indirectly due. Syme's theories and methods predominated in Edinburgh, and were spread abroad through the British Empire by a long succession of disciples. According to Symes and his school, the prime necessity, in giving chloroform is to watch the respiration and not the circulation. "You never see anybody here with his finger on the pulse while chloroform is given," he wrote. Nevertheless, Simpson recognized the fact that chloroform may produce sudden heart-failure.

Dr. Buxton devotes considerable space to the account of the labors of Snow, who began his valuable investigations by the publication of a paper in 1848. The speaker pointed out that the doctrines of Snow are the basis of much of the current opinion at the present time. Snow studied particularly the physiological action of chloroform, and, although his apparatus were faulty, he had remarkable sagacity in drawing conclusions. He collected reports of death due to chloroform and was led to believe that most, if not all, such fatalities were due to paralysis of the heart. His experiments had shown him that all deaths due to chloroform inhaled when the vapor was over 5 per cent. resulted from circulatory failure. Death might even occur before the advent of insensibility.

Dr. Buxton outlines the studies of a number of eminent observers who succeeded

*"Empiricism or Science?—Anæsthetics, 1847-1897." By Dudley W. Buxton, M.D., B S., M.R.C.P.Lond. The Lancet, Nov. 27, 1897.

Digitized by Google

Snow and thus brings his history down to our time with the investigations of the Hyderabad Commission, Gaskill and Shore, MacWilliam, Leonard Hill, and Hare and Thornton. The conclusions of these various authorities are not in complete accord. The original and ingenious experiments of Gaskell and Shore by cross-circulation demonstrate that the reduction of blood-pressure arises entirely from the weakening effect which chloroform exerts upon the heart-muscle. According to Leonard Hill, it is the fall of blood-pressure due to circulatory depression which leads to respiratory failure. This writer states that "the depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension." MacWilliam has shown that even moderate quantities of chloroform cause dilatation of both sides of the heart. This dilatation may precede abolition of the conjunctival reflex, frequently occurs before reduction of blood-pressure, and is the direct effect of the drug upon the cardiac mechanism. Waller has shown that chloroform acts powerfully upon nervous tissue. It possesses a strength of action seven times that of ether and rapidly destroys the irritability of nervous structure. The experiments of Pohl, to which Dr. Buxton makes no allusion, are interesting in this connection. They relate to absorption of chloroform by different tissues of the body. It seems, according to these researches, that chloroform is absorbed particularly by those tissues which contain a large proportion of substances soluble in that fluid. For instance, it is taken up by the red blood-corpuscles two and a half times more abundantly than by the blood-serum. It is not, however, with the hæmoglobin that the fluid is united, but with the lecithin and cholesterin. The brain contained a larger portion than the blood: a fact which Pohl attributes to the presence of cholesterin, lecithin, cerebrin, and other substances very soluble in chloroform.

Dr. Buxton concludes his valuable address by the admission that chloroform has been proved beyond dispute, alike by its friends and its foes, to be a most powerful and therefore most perilous drug.

All powerful drugs carry with them the potentialities of danger. Any vapor which has the power of abolishing sensibility and consciousness may produce a dangerous or fatal effect upon the nerve-centres. This being the case, it follows that for ordinary purposes ether should be the anæsthetic chosen. There are certain conditions and contingencies in which chloroform is preferable, but, with these exceptions, it seems proper that the surgeon should employ the safer anæsthetic agent. The statistics of Gurlt, collected from the practice of German surgeons, show that ether was given in 14,506 cases without a death. From an examination of the records of several hundred thousand administrations of ether and chloroform, Julliard, of Geneva, found that the mortality of the latter is from four to five times greater than that of ether. These figures speak for themselves; they require no comment.

Chloroform possesses every advantage over ether save one; but that exception is the most important. Chloroform is more pleasant, it excites less broncho-pulmonary irritation, its effect is more rapid, it causes less nausea, and recovery from its influence is more prompt. It lacks, however, the comparative safety of ether.

Much, undoubtedly, depends upon the manner in which any anæsthetic is given. Its use should be intrusted to the most competent person available, and its effects should be constantly watched. The anæsthetist is of next, or, perhaps, of equal, importance to the operator, should attend watchfully to his own duties, and concern himself not at all with the procedures of the surgeon. A human life is in his hands and his attention should not be divided.

THE TREATMENT OF SYPHILIS.

THE important subject of the treatment of syphilis was brought forward for discus-

Digitized by Google

sion at the last meeting of the British Medical Association, held at Montreal. The discussion took place in a joint session of the sections devoted, respectively, to Materia Medica and Therapeutics and to Dermatology and Genito-Urinary Diseases. The proceedings begun by a very excellent paper by Dr. Whitla,* Professor of Materia Medica and Therapeutics at Queen's College, Belfast. Dr. Whitla is widely known as a careful, conscientious worker. Everything which comes from his pen bears the mark of thought and ability.

Notwithstanding the chronic and stubborn character of syphilis, the destruction which may be wrought by its later lesions, and the unusual severity of certain cases, the treatment is generally satisfactory and efficacious. This broad statement, however, requires several important modifications. The treatment must be systematic and long continued; it demands obedient co-operation on the part of the patient. It necessitates, also, a positive diagnosis. Syphilis is notoriously such a protean disease that it frequently taxes to the utmost our diagnostic skill. The very fact that syphilis is ordinarily amenable to treatment has a tendency to engender in the practitioner a routine method of management. This habit, however, will inevitably redound to his discomfiture, for cases are encountered which fail to respond to measures usually crowned by success. Confronted by such cases, the man of routine is at a loss. His practice becomes irresolute. He accomplishes nothing, and eventually has the mortification of losing his patient.

Such considerations naturally pass through the mind when the subject of syphilis is raised. When the topic is narrowed to the treatment of the disease the points for discussion cannot be more ably presented than in the paper of Dr. Whitla. There can be no serious question as to the drugs which we should employ. These are substantially two in number: mercury and iodine. The only points of debate which can arise regarding the drugs is as to their mode of action and the preparations in which they are most beneficial. It is presumable that the efficiency of mercury is due to its bactericidal power. We are warranted in the supposition that syphilis is caused by a specific microbe, and that mercury meets and destroys the micro-organism in the blood is a rational deduction. The metal is what Jonathan Hutchinson has aptly termed a vital antidote to the syphilis. In this connection Dr. Whitla suggestively remarks that the converse also is true, and that syphilis is a vital antidote to mercury. The appreciation of this relationship furnishes us the key as to the difficulty relative to dosage, the duration of treatment, and many other puzzling questions. This mutual antagonism exists as long as the virus of the disease is present in the blood. It enables the syphilitic patient to tolerate and benefit by doses which would produce a deleterious effect in healthy individuals. This fact is emphatically illustrated by the amount of mercury which babes suffering from congenital syphilis can take. When the virus has been destroyed the mercurial begins to manifest its physiological effects.

The action of iodine is less easily explained. It is generally thought that, as potassium iodide and sodium iodide are not germicidal, they cannot act upon the living virus of syphilis, but exert their influence upon the cell-growths characteristic of the disease. Dr. Whitla, however, calls attention to the statement of Binz to the effect that the salts are decomposed in the presence of protoplasm and iodine set free in the blood, where it may exert its bactericidal properties. The iodides are ordinarily given only in late secondary and tertiary syphilis. Their use is often strikingly effective in these stages, but even here it is probable that their influence is not permanent and that they require to be combined with a mercurial.

The next question around which much

* Discussion on the treatment of syphilis, in the section of Pharmacology and Therapeutics at the Sixty-fifth Annual Meeting of the British Medical Association. British Medical Journal, Nov. 6, 1897.

Digitized by Google

debate has clustered is: when shall the use of mercury be begun in syphilis, and, especially, should it be given in the primary stage? A number of authorities declare very positively against its administration at this time, fearing that its premature exhibition will prevent a characteristic evolution of secondaries, and involve the diagnosis in doubt without being of any ultimate advantage to the patient. The editor of THE MEDICAL BULLETIN sides with those who see danger in delay and advocate the administration of the specific remedy as soon as a diagnosis of primary syphilis is made. The mercury certainly promotes the cure of the initial lesion; it minimizes the secondary manifestations and the danger of visceral complications which occur in the early period of the disease much more frequently than is generally supposed. If the system be infected we cannot too soon endeavor to counteract the virus.

The principles of what Jonathan Hutchinson has called the "abortive treatment" were dwelt upon by Dr. Whitla, who makes the pertinent remark that the dose must be regulated by its effects and not by mere arithmetical calculation. In order to prevent ptyalism he advised most scrupulous attention throughout the course to the condition of the mouth, teeth, and gums. These should be systematically cleansed by means of astringent and antiseptic mouth-washes. With these precautions ptyalism scarcely ever occurs.

The speaker regards the body-weight as the best index to the beneficial effects of mercury when the manifestations are in abeyance. As long as the weight is maintained and the patient not anæmic mercury does no harm. In severe late secondary syphilis he looks upon a weight-chart as of equal significance to the temperature-record in typhoid fever. If the weight declines the mercurial should be discontinued. The iodides can then be given with good effect. The loss of weight is often, said the speaker, the first sign that the disease is altogether destroyed. After adverting to the epochs of administration and suspension of the remedies during a prolonged course, Dr. Whitla next reviewed the mercurial preparations most in vogue. Hutchinson prefers gray powder, Whitla relies mainly on calomel, the protiodide of mercury is a favorite on the continent of Europe and in America. It is sometimes an advantage to change from one to another form of mercury. In regard to special methods, Whitla thinks highly of inunction, especially when combined with vapor-baths. By watching the mouth, enormous quantities of the ointment can be safely used. Malcolm Morris, in the discussion, also admitted that if compelled to restrict himself to any one method he should prefer inunction. This practice, although admittedly efficacious, has serious drawbacks and for that reason is not generally popular. On account of its prompt action, it is valuable in malignant cases, but the hypodermic use of mercury is more cleanly and equally beneficial.

The iodides are appropriate to those cases in which late manifestations appear prematurely during the secondary stage. In tertiary syphilis Whitla gives ascending doses of iodides combined with mercuric bichloride.

Correspondence.

ANTICLOUDINE.

THIS is a new, antiseptic, nonpoisonous paste which is made in London, the object of which is to prevent moisture, steam, water, dampness, or smoke from appearing on glass or nickeled instruments. If a small quantity of this paste be rubbed over the glass of spectacles, eye-glasses, or laryngeal mirror, and then rubbed off with a clean, soft rag, no moisture will accumulate on the surfaces so treated. This is of the greatest use as well as saving to the laryngologist, as the mirrors used by him need not be heated previous to their use; the constant heating of the same in a short time softens the silver backing and makes a deposit on the mirror,

Digitized by Google

thereby ruining the instrument. One application of this to eye-glasses or spectacles will last the entire day, but by the laryngologist each mirror must be thoroughly cleaned after its use, making an application after each patient necessary. The S. S. White Dental Manufacturing Co., corner of Twelfth and Chestnut Streets, have kindly sent me a box of this for trial, and I find it all that is claimed for it.

ISAAC BARTON, M.D.
137 NORTH SIXTEENTH STREET,
PHILADELPHIA.

Medical News and Miscellany.

Schuylkill County Hospital.—The new Schuylkill County Hospital was formally opened at Schuylkill Haven on Tuesday afternoon, December 21st. Addresses were made by Hon. O. P. Bechtel, Hon. R. H. Koch, Rev. James Powers, and Dr. W. E. Ashton.

Georgia Journal of Medicine and Surgery.—Beginning with January, 1898, the Georgia Journal of Medicine and Surgery will contain from 75 to 100 pages in each number instead of 50 pages as heretofore. This periodical is well-conducted, its pages are the medium of excellent contributions, and its enlargement is indicative of deserved success.

Fourth Annual Musicale.—On the evening of Tuesday, December 21st, the students of the Medico-Chirurgical College gave their annual musical entertainment. The instrumental selections were interspersed by recitations and song. The programme included a baritone solo by Lee B. Woodcock, of '98; a banjo solo and popular melodies by Miss Ada Boulden; a tenor solo by William W. Gwinnutt, of '00; performances by the mandolin club, banjo club, and orchestra. Humorous songs and stories were also rendered by Max Arnold. The exercises closed by the Farewell, sung by the students.

Cosmopolitan University.—A circular of information for students has been issued, explaining in considerable detail the work of the new institution, how it is to be supported and carried on, the choice of courses, methods of study, etc.

University of Durham.—Prof. Philipson, M.D., D.C.L., has been appointed the Chairman of the Board of Faculties of the University of Durham.

Death of Extra-uterine Fœtus from Congenital Cerebral Disease.—Gross gives the short life-history of an infant delivered alive by operation for ectopic gestation. It measured seventeen and one-half inches and weighed six pounds. There was a deep, curved indentation on the left of the skull. The right upper and lower extremity showed great loss of power. In a few days right facial palsy came on. Athetosis of the right hand was also noted. When 2 months old the child died of intestinal catarrh. There was atrophy of the left optic nerve, with degeneration of the left lateral and both posterior columns. On the other hand, there was arrested development of the entire right half of the cord.—British Medical Journal.

Death of Dr. Joseph F. Edwards.—Dr. Edwards, well-known as a writer on hygienic subjects, recently died in Atlantic City. Dr. Edwards was a native of Philadelphia. He was formerly surgeon of the Second Regiment, N. G. P., and was a member of the New Jersey State Board of Health and a director of the State Insane-Asylum at Trenton.

Sanitary Convention.—The forty-fourth sanitary convention, conducted under the auspices of the State Board of Health, was held at Detroit, on Thursday and Friday, December 9th and 10th.

Brooklyn Gynæcological Society.—The officers of the society for the year 1898 are as follows: President, Dr. J. C. MacEvitt; Vice-Presidents, Dr. William H. Skene and Dr. Frank Baldwin; Recording Secretary, Dr. Frederic J. Shoop; Corresponding Secretary, Dr. O. A. Gordon; Treasurer, Dr. L. G. Langstaff; Pathologist, Dr. W. H. Seymour.

Visitors in Philadelphia.—Dr. Francis E. Stewart, well-known for his contributions to pharmaceutical and medical literature, and in charge of a scientific department at Merck's, was recently visiting Philadelphia. Dr. Stewart has many friends in Philadelphia, where he studied, practiced medicine, and was connected with its institutions in a teaching capacity.

Dr. Stewart was accompanied by Dr. Adrian G. Pollaczek, director-general of

Digitized by Google

Levico, Süd Tyrol. Dr. Pollaczek is traveling in this country, examining its hospitals and clinical facilities. They inspected, among other institutions, the Medico-Chirurgical College and Hospital, and were particularly impressed with the beauty and effective arrangements of the new amphitheatre and operating rooms.

Among other recent visitors to the Medico-Chirurgical Hospital were Dr. Ephraim Cutter, of New York, whose indefatigable labors in the cause of science are universally recognized, and Dr. Joseph Cooke, of the Medical Department of Yale University. Dr. Cutter addressed the class and described his new, oral, Eustachian catheter.

The Woman's Hospital Society.—The Woman's Hospital Society of New York has elected officers for the ensuing year as follows: President, Dr. Paul F. Mundé; Vice-President, Dr. Leroy Brown; Secretary and Treasurer, Dr. James N. West; Executive Committee, Dr. Nathan C. Bozeman, Dr. E. L. H. McGinnis, Dr. J. Dougal Bissell, and Dr. George H. Mallett.

Honorary Degree.—The honorary degree of M.A. has been conferred upon the University Examiner in Materia Medica, Professor Whitla, L.A.H., of the Queen's College, Belfast, by the Royal University, Dublin.

Nashville City Hospital.—Dr. Rufus E. Fort has been elected superintendent to succeed Dr. Charles Brower, who resigned to accept the chair of surgery in the University of Nashville.

Minnesota Academy of Medicine.—The annual election of officers and committees resulted as follows: President, Dr. J. W. Chamberlin, of St. Paul; Vice-President, Dr. C. G. Weston, of Minneapolis; Secretary-Treasurer, Dr. R. O. Beard, of Minneapolis; Executive Committee, Dr. A. J. Gillette, and J. L. Rothrock, of St. Paul, and Dr. L. A. Nippert, of Minneapolis; Governing Board, Drs. H. M. Bracken, F. Allport, and J. W. Bell, of Minneapolis, and Drs. A. B. Ancker and Talbot Jones, of St. Paul.

St. Louis Academy of Medical and Surgical Sciences.—The St. Louis Academy of Medical and Surgical Sciences has elected the following officers for the ensuing year: President, A. H. Ohmann-Dumesnil; Senior Vice-President, G. C. Eggers; Junior Vice-President, J. B. Ross; Secretary, Emory Lanphear; Treasurer, George F. Hulbert; Curator, G. H. Thompson; Orator, Phil. Schultz; Librarian, James Moores Ball.

Examiners of Antitoxin.—The New York State Board of Health has appointed Dr. Dillon Brown and Dr. W. H. May special examiners of antitoxin, as a guard against impure or fraudulent products being sold in the State. Their duty begins on January 1, 1898.

Association of Military Surgeons of the State of Illinois.—The recently elected officers are: President, Col. Nicholas Senn; Vice-President, Major Truman W. Miller; Secretary and Treasurer, Major Charles Adams.

A Medical College Burned.—The Tennessee Medical College, Knoxville, Tenn., was burned on December 3d. The building was comparatively new and cost $25,000; contents, $12,000.

Removed to Florida.—Dr. Edward Niell, late Lecturer on Gynæcology in the New York Polyclinic, has moved to Jacksonville, Florida.

Appointed Medical Examiner.—Dr. A. Walter Suiter, of Herkimer, N. Y., has lately been appointed by the regents of the university a State Medical Examiner to fill the vacancy occasioned by the death of Dr. William C. Wey, of Elmira.

Reception.—At the close of a meeting of the Obstetrical Society of Philadelphia on December 22 a brilliant reception was extended by Dr. E. E. Montgomery, of 1715 Walnut Street, to Dr. J. Tabor Johnson, of Washington, D. C.; Dr. Joseph Eastman, of Indianapolis, Ind., and the Obstetrical Society of Philadelphia. Some of those present were: Dr. Hobart A. Hare, Dr. W. W. Keen, Dr. James C. Wilson, Dr. H. Augustus Wilson, Dr. F. X. Dercum, Dr. W. H. Warder, Dr. John H. Musser, Dr. Ernest Laplace, Dr. John V. Shoemaker, Dr. J. M. Anders, Dr. T. Hollingsworth Andrews, Dr. Charles P. Noble, Dr. J. Montgomery Baldy, Dr. F. W. Talley, Dr. Joseph Webb, Dr. C. A. Oliver, Dr. A. H. Hulsizer, Dr. Roberts Bartholow, Dr. J. B. Roberts, Dr. Boardman Reed, Dr. Reed, of Atlantic City; Dr. Darragh, Dr. Shellenberger, Dr. J. L. Ziegler, of Mount Joy, Pa.; Dr. W. Easterly Ashton, Dr. Roland G. Curtin, Dr. J. M. Barton, Dr. W. C. Goodell, Dr. A. J. B. Hinkle, Dr. F. H. Boyer, Dr. A. P. Bru-

Digitized by Google

baker, Dr. J. M. Fisher, Dr. E. E. Graham, Dr. Joseph S. Gibb, Dr. P. H. Harmony, of Mahanoy City, Pa.; Dr. J. W. Holland, Dr. Joseph Hearn, Dr. William Carroll, Dr. J. W. Croskey, Dr. W. R. Longshore, of Hazleton; Dr. Edward Rosenthal, and Dr. S. S. Stryker.

McClure's Magazine for 1898.—Many articles of interest and worth make their appearance in the pages of McClure's Magazine. The managers announce numerous contributions of special value for the year 1898. Charles A. Dana's Reminiscences will be continued; papers by Mark Twain and Nansen will attract readers; Hamlin Garland will tell the story of the Custer Massacre; Edison's latest achievement will be described; Col. George E. Waring, Jr., will write of New York in 1950 and fiction will be represented by Rudyard Kipling and Anthony Hope.

Prize for Research in Physiology.—The University of Cambridge has just received, under the will of the late Dr. Joseph Gedge, who died at Khartoum so far back as 1890, the sum of £1000 for the establishment of a Biennial Prize for Original Research in Physiology.—Medical Times and Hospital Gazette.

The Laryngoscope.—Beginning with the January, 1898, issue, Messrs. John Wright & Co., of Bristol, Eng., will publish a foreign edition of the Laryngoscope. The merits of our excellent contemporary have been widely recognized and the publication of an English edition will enlarge its sphere of usefulness.

Handsome Bequests.—The late Sir Thomas Elder, of Adelaide, Australia, has bequeathed £3000 to the Adelaide Hospital; £1000 each to the Children's Hospital in North Adelaide, the Convalescent Hospital, St. Margaret's, Adelaide, and the Port Augusta Hospital; £20,000 to the Medical School of Adelaide University, and £25,000 to the Adelaide University.

Eucasin as a Children's Food.—Baginsky and Sommerfeld record a careful study of the effects of substituting eucasin for meat in the dietary of two children with normal digestive powers. The diet was in each case identical: the child was first fed for four days on a mixed diet, of which every constituent was weighed and the elementary principles estimated, and then, for four more, on a precisely similar allowance, the meat being replaced by about two-sevenths of its weight of eucasin; it was finally kept for four more days on the original regimen. Careful statistics are given of the body-weight, the quantity and analysis of the urine and fæces, the amount of nitrogen used, wasted, and excreted, and the input and output of fat. It was found that the administration of eucasin led to no digestive disturbance, and that it increased the excretion of nitrogen while markedly diminishing that of uric acid. It could, therefore, be asserted that eucasin was well utilized by the child's organism, at least as well as other proteids such as meat and egg-albumin; so that, unless hitherto-unforseen objections should arise, it could well replace those foods. The results are important and significant, particularly as no attempt had hitherto been made to investigate the dietetic value of eucasin for children.—British Medical Journal.

Victoria Dispensary, Edinburgh.—Dr. G. Lovell Gulland, F.R.C.P.E., has been appointed a physician to the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, in the room of Dr. Ralph Stockman, resigned.

Radioscopy of the Thoracic Organs.—Maragliano first describes the radioscopic appearances of the healthy lungs and heart. Posteriorly the transparent appearance of healthy lung-tissue is better seen than anteriorly. In suitable subjects the movements of the heart could be observed; the systolic ventricular contractions, with elevation of the apex, could be well seen; the heart did not change its position during the systole; no rotation could be observed. During deep inspiration the area of cardiac shadow was narrowed transversely and lengthened at the lower part; evidently in these conditions the heart assumes a more vertical position. In forcible inspiration the fullness of the ventricular pulsation was diminished. The delimitation of the heart, etc., by percussion was found to correspond very exactly with the radioscopic image. As far as pathological conditions of the thoracic viscera are concerned, the author believes that radioscopy will prove of much service in diagnosis; for example, in a young girl presenting no physical signs of tuberculosis, radioscopy revealed a very minute zone of opacity in the left apex. An injection of tuberculin gave the characteristic febrile reaction. Again, radioscopy is

Digitized by Google

likely to prove useful in differentiating pleural affections from those below the diaphragm; also in aortic dilatation or deep-seated aneurism it is likely to be of much service; for example, Bouchard was able to distinguish between cardiac ectopia from old pleurisy and aneurism by this means.—British Medical Journal.

Paralysis in the Course of Scarlet Fever.—The somewhat rare occurrence of various paralyses in the course of scarlet fever has been studied by Alexieff, who has only been able to collect 7 or 8 published cases, together with 2 coming under his own observation. In the first of these a child, aged 4, suffering from nephritis and anasarca, resulting from a slight attack of scarlet fever, suffered from left hemiplegia about three weeks after the eruption, the face, tongue, and upper and lower limbs being affected. In about twelve days a marked improvement set in, progressing to complete recovery. In the second case, a boy aged 7, showed complete paralysis of the right half of the body during a slight attack of scarlet fever. The paralysis was of a particularly marked degree, with loss of the right naso-labial fold, complete loss of power in both upper and lower limbs and the right side, loss of knee-jerk, and impaired sensation. The patient could understand what was said to him, but there was complete articular aphasia. There were symptoms of endocarditis and broncho-pneumonia with a marked degree of albuminuria. Death occurred on the fourth day. On post-mortem examination there were subacute parenchymatous nephritis, degeneration of the cardiac muscle, thrombosis of the left middle cerebral artery, and almost complete softening of the lenticular nucleus and of the posterior portion of the internal capsule.—British Medical Journal.

Death of Professor Tarnier.—We regret to announce the death of Professor Tarnier, the eminent obstetrician of Paris. Professor Tarnier, who was in his 70th year, took his doctor's degree in 1857, and succeeded Professor Depaul in the chair of Midwifery and Diseases of Women and Children in the Paris Medical Faculty in 1884. In 1889 a special chair of Clinical Obstetrics was founded for him. In collaboration with MM. Chantreuil and Budin he produced a great work on obstetric medicine, which appeared between 1878 and 1886; and he was the author of important works on the hygiene of infancy. He took a prominent part in introducing antiseptic principles into midwifery practice, and was the recognized leader in his special department of medicine in France.—British Medical Journal.

The Des Moines Pathological Society.—A number of physicians have organized a society to be known as The Des Moines Pathological Society. Officers elected were as follows: M. N. Voldeng, President; C. E. Currie, Vice-President; M. F. Patterson, Secretary; Dr. Seiger, Treasurer; A. R. Ames, Curator.

Woman's Clinic of Washington, D. C.—At the annual meeting of the Woman's Clinic, recently held, Drs. D. S. Lamb and Robert Reyburn were elected Vice-Presidents. Members of the Attending Staff, Drs. Ida J. Heiberger, Julia E. Smith, Nancy D. Richards, Phoebe R. Norris, Sophie A. Jung, Jesse Keppalar, Ada R. Thomas, Adeline E. Portman, Susan J. Squires and May D. Baker. Consulting Staff, Drs. J. H. Bryan, S. M. Burnett, H. L. E. Johnson, Mary Parsons, H. C. Yarrow, D. W. Prentiss, and Robert Reyburn. Superintendent of Hospital, Dr. Ida J. Heiberger.

King's College, London.—The Council of King's College has received an anonymous donation of £15,000 toward the liquidation of the college debt.

A Case of Primary Epithelioma of the Tympanum, Following Suppurative Middle-Ear Disease of Twelve Years' Duration.—Hamon du Fougeray describes the case of a woman of 43, with otorrhœa of twelve years' standing, who in the latter half of 1895 developed a partial facial paralysis on the left side. In September, 1896, shooting pains were experienced, the suppuration increased, and hæmorrhages occurred. On examination, the inner third of the meatus was found to be intensely red; and on the posterior wall a small, readily bleeding granulation was seen. A similar granulation projected through a perforation of the membrane, which was red and swollen. The mastoid appeared intact. Operation was refused, and daily syringing procured some amelioration, the hæmorrhages ceasing. Later the facial palsy increased and the mastoid became tender. Again refusing operation, the patient ceased to attend; and in March, 1897, the mastoid region had

Digitized by Google

become much swollen, and, through a sinus in the violet-colored skin over the region of the antrum, a fleshy granulation projected. The patient had suffered intense pain for some time.

Operation was performed, and the integuments toward the temporal and occipital regions were found to be undermined by soft, friable infiltration. The external wall of the antrum and the posterior wall of the meatus were wanting; in clearing the growth from the large cavity so created the cranium was found to be opened and invaded. By the end of April speech became affected, and death ensued at the beginning of June. Autopsy was refused.

Microscopical examination of the tissue showed lobulated, stratified epithelioma, with numerous cell-nests. The case appears to be unusual, first, on account of the early appearance of facial palsy, which is said, as a rule, to occur with or after the other symptoms; secondly, on account of the direction of spreading. In this case the course taken was mainly upward, the growth ultimately involving the fissure of Rolando. As a rule, invasion appears to be directed toward the temporo-maxillary articulation, the parotid, the mastoid antrum, the trigeminal, the structures contained in the foramen lacerum posticum, and the petrous portion. No hæmorrhage took place when the great vessels were invaded.—Journal of Laryngology, etc.

Tuberculous Meningitis of Choreic Type.—As is well known, tuberculous meningitis in the adult may manifest itself in great variety of form; thus, there may be apoplectic, epileptic, tetanic, hemiplegic, and comatose symptoms, and even "diarrhœa" and "delirium tremens" have proved to be forms of the disease. Breton has just added his description of a very remarkable case which came under his notice. The patient was a man with decided tuberculous disease, and who, after an attack of alcoholic excess, was supposed to be suffering from delirium tremens. He was admitted to hospital suffering from a slight degree of delirium. On examination he had all the appearances of chorea. There was marked motor inco-ordination, gesticulation, and inability to keep his face in repose. He could not stand with his heels together, or on one leg; his lower limbs exhibited sudden jerking movements of flexion and extension, and his hands and arms were similarly affected, and it was impossible for him to raise a glass of water to his mouth. The muscles of the face, eyelids, neck, and trunk all exhibited a similar condition. Speech was interrupted and often unintelligible. The patient did not seem able to understand what was said to him. There was a marked degree of internal strabismus of the left eye. The condition of the patient changed rather rapidly, the characteristic movements being interrupted by convulsive seizures. Subsequently the patient relapsed into a comatose condition lasting for three days and terminating fatally. On post-mortem examination an ordinary meningitis was discovered without any special distribution.—British Medical Journal.

Illinois Military Tract Medical Association.—At the annual meeting of the Illinois Military Tract Medical Association, in Galesburg, the officers chosen were: President, E. L. Mitchell, Roseville; First Vice-President, M. S. Marcy, Peoria; Second Vice-President, W. G. Bailey, Pekin; Secretary and Treasurer, O. B. Will, Peoria. Canton was chosen as the next place of meeting.

Tri-State Medical Society of Alabama, Georgia, and Tennessee.—The officers elected for the ensuing year were as follow: President, Dr. J. A. Goggans, Alexander City, Ala.; Vice-Presidents, Dr. Andrew Boyd, Scottsboro, Ala.; Dr. G. W. Drake, Chattanooga; Dr. C. M. Drake, Atlanta; Secretary, Dr. Frank Trester Smith, Chattanooga; Treasurer, Dr. George R. West, Chattanooga. Dr. George S. Brown, of Birmingham, was elected chairman of the Committee on Arrangements. The next place of meeting is Birmingham, Ala.

New Haven County (Conn.) Medical Association.—The officers for the ensuing year are: President, Dr. Frank W. Wright. Vice-President, Dr. O. T. Osborne. Clerk, Dr. J. H. Townsend. Member of Executive Committee, Dr. Gustavus Eliot. Censors, Drs. Mailhouse and Judson, of New Haven, and Benedict, of Waterbury. Credentials, Drs. Crane, of Waterbury, and Cooper, of Ansonia. Biographical Sketches, Drs. Eliot and Foote. Public Hygiene, Drs. S. J. Maher, of New Haven; Wilson, of Wallingford; and Barnett, of West Haven. County Reporter, Dr. R. B. Goodyear, of North Haven.

Digitized by Google

Lectures on Emergencies.—A series of lectures before the policemen and firemen of Philadelphia has been planned by Dr. T. H. Andrews in accordance with his policy of promoting in every way the physical welfare and efficiency of the departments. The lectures will treat of hæmorrhage, wounds, sprains, dislocations, fractures, railroad and machinery accidents, drowning, strangulation, suffocation, convulsions, apoplexy, insanity, burns and scalds, sun-stroke, lightning, poisoning, etc.

Albany Medical College Alumni Association.—At the annual meeting the following officers were elected: President, Horace Tracy Hanks; Vice-President, John J. Van Rensselaer; Secretary, Warren C. Spalding; Assistant Secretary, Edward F. Quinlan; Treasurer, Henry H. C. Muller; Governors, William Stevens, Frederic Loughran, S. E. Armstrong, Howard J. Wood (New York), and H. B. Maben (President of the Albany Medical College Alumni Association), members *ex officio*.

The Columbus Hospital.—Dr. Richard K. Macalester has been appointed neurologist to the hospital.

Compliment to Professor S nn.—A public reception was given to Prof. Nicholas Senn, on December 8th, at the Newberry Library, in recognition of his generosity to that library through donations he has made. The medical profession of the city were invited and largely attended. Nearly every physician of prominence was present. Speeches were made by President W. B. Blatchford, Dr. Fernand Henrotin, and Professor Senn. The occasion was a memorable one in connection with library movement in Chicago.

Pirogof Museum.—The new Pirogof Museum of Surgery and Anatomy was recently opened in St. Petersburg. The Russian Correspondent of the Lancet says: "The new museum is a handsome building, close to the great Army Medical Academy and Clinics. The building will serve not only as a museum, but also as the place of meeting of all the St. Petersburg medical societies. The sum of money collected for the construction of the new institution was 115,000 roubles (£12,000), about half of which had been bequeathed for the purpose by the late Mme. Musin-Pushkin. The actual cost of the present building was 85,000 roubles (nearly £9,000)."

Book Reviews.

Diseases of the Stomach. Their Special Pathology, Diagnosis, and Treatment. With Sections on Anatomy, Physiology, Analysis of Stomach-contents, Dietetics, Surgery of the Stomach, etc. In three parts. By John C. Hemmeter, M.B., M.D., Ph.D., Clinical Professor of Medicine at the Baltimore Medical College, etc., etc. With Many Original Illustrations, a Number of Which are in Colors. And a Lithographic Frontispiece. Philadelphia: P. Blakiston, Son & Co., 1897. Price, $6.00.

Scarcely any department of medicine can be of more interest and importance than diseases of the stomach and other organs of digestion. Within a few years our knowledge of digestive processes and digestive disturbances has been largely increased. Dr. Hemmeter has been largely instrumental in the development of new methods of examination which render our diagnosis more exact and furnish a rational foundation for our therapeutics. That we are now able to treat more intelligently and successfully diseases of the stomach is due to the more precise knowledge which has resulted from such investigations.

This excellent work is divided into three parts. In the first the author describes the anatomy and physiology of the digestive organs, the methods and technics of diagnosis. The second part is devoted to the therapy and materia medica of stomach diseases. The third part is entitled "The Gastric Clinic," and depicts the different diseases which may attack the stomach. The book throughout is written in a clear and interesting style. The beautiful illustrations are of much value in enabling the reader to acquaint himself with the various processes described.

A work of this kind explains much that in former years was dark. We are less dependent than in time past upon mere supposition. We can obtain objective demonstration of the progress of gastric diges-

Digitized by Google

tion. The actual position of the stomach during life, its peristaltic movements, the methods for qualitative and quantitative analysis of the stomach-contents, the diagnostic significance of fragments of gastric mucosa, the occurrence of secretions in the empty stomach, and the chemical examination of gastric juice are among the topics upon which recent scientific research has been engaged. A number of the test methods for studying these subjects are due to Dr. Hemmeter. In Part II the writer lays much stress upon the importance of correct dietetic methods. A chapter is also devoted to the use of mineral spring-water. The symptoms of diseases of the stomach are well portrayed in the final part. The work is well adapted to be a safe guide to the practitioner and can be cordially recommended.

A Clinical Text-book of Surgical Diagnosis and Treatment for Practitioners and Students of Surgery and Medicine. By J. W. Macdonald, M.D., Professor of the Practice of Surgery and of Clinical Surgery in Hamline University, Minneapolis, etc. With 328 Illustrations. Philadelphia: W. B. Saunders, 1898. Price, cloth, $5.00; half-morocco, $6.00 net.

This is a direct, practical, and well-written treatise of moderate size. Its very excellent aim is to fit the student to practice surgery intelligently and with advantage to himself and his patient. The writer has executed his purpose with commendable success. The strong features of the work are its sections upon diagnosis and treatment.

The points of differential diagnosis are, throughout the work, given with great care. The author takes up in detail all the regions of the body and considers the diseases and injuries to which they are liable. A final chapter describes the application of the Roentgen rays to surgery.

The directions relative to the examination of the patient are judicious and the descriptions of methods of operating are given in such a manner as to be useful to the surgeon. The book is very well adapted to be a hand-book for daily use. It is well-printed, well-illustrated, and well-indexed.

Transactions of the American Orthopedic Association. Eleventh Session, held at Washington, D. C., May 4, 5, and 6, 1897. Volume X. Philadelphia: Published by the Association.

The Orthopedic Association is a body of active workers, and includes most of the well-known men of that speciality in the country. Judging by the number and quality of the papers contained in this volume, the eleventh meeting was equally successful as former gatherings. The address of the president, Dr. Samuel Ketch, of New York, gave a sketch of the history and work of the association and commemorated deceased members. Among interesting and instructive papers read were: "Excision of the Hip," by Dr. Wisner R. Townsend, of New York; "Treatment of Torticollis," by Dr. E. G. Brackett, of Boston; "An Examination of Human Gait," by Dr. E. H. Bradford, of Boston; "The Human Foot in Art," by Dr. E. H. Bradford, of Boston; "Round Shoulders," by Dr. E. H. Bradford, of Boston; "On the Mechanical Treatment of Ununited Facture of the Neck of the Femur with Traction Apparatus," etc., by Dr. Newton M. Schaffer, of New York; "Adolescent Rickets," by Dr. John Ridlon, of Chicago; "Operative Procedures in Orthopedic Surgery," by Dr. V. P. Gibney, of New York; "The Operative Treatment of Lumbar Pott's Disease," by Dr. James K. Young, of Philadelphia, etc.

Index-Catalogue of the Library of the Surgeon-general's Office, United States Army. Authors and subjects. Second Series, vol. ii, B-Bywater. Washington: Government Printing-office, 1897.

This monumental undertaking is of incomparable value to medical authors. The second volume of the second series contains 15,732 author-titles, representing 6383 volumes and 14,802 pamphlets. It also contains 5774 subject-titles of separate books and pamphlets and 21,725 titles of articles in periodicals.

Digitized by Google

The Care and Feeding of Children. A Catechism for the Use of Mothers and Children's Nurses. By L. Emmett Holt, M.D. Second Edition. Revised and Enlarged. New York: D. Appleton & Co., 1897.

Dr. Holt originally prepared this little manual for the instruction of nursery-maids, and everything has been sacrificed to clearness and simplicity. As its name implies, it is arranged in the form of questions and answers. In the second edition the subject of infant-feeding is more fully treated than in the first, having been entirely rewritten.

None is better fitted to write a manual for such a purpose than Dr. Holt, being an authority upon children's diseases.

Scribner's Magazine for 1898.—This journal offers to its readers for the coming year numerous contributions by popular writers. An important series of papers, to run throughout the year, is "The Story of the Revolution," by Senator Henry Cabot Lodge. Captain A. T. Mahan will write of "The American Navy in the Revolution." Mr. Thomas Nelson Page will publish a novel entitled "Red Rock": a chronicle of reconstruction. Other articles announced are "The Workers," by Walter A. Wyckoff; "The Theatre," "The Mine," etc., in "The Conduct of Great Businesses"; "Political Reminiscences," by Senator Hoar.

The Ladies' Home Journal for 1898.—A number of notable features are promised for the coming year. The inner experiences of a cabinet member's wife will, it is said, reveal some graphic pictures of official life in Washington. Biographies of President McKinley, Mrs. Cleveland, Mark Twain, Thomas A. Edison, and Joseph Jefferson will be presented in a series of anecdotes. Two fiction issues, in all over 30 short stories, are promised during the year. The stories will be by Mark Twain, F. Marion Crawford, Hamlin Garland, Mary E. Wilkins, Julia Magruder, Clara Morris, Mrs. A. D. T. Whitney, and other well-known authors. The various departments will be conducted on the usual scale of excellence.

McClure's Magazine for January.—The January number of McClure's contains the first of a series of articles by Herbert E. Hamblen, describing, from fifteen years' personal experience, the daily life and disasters of a railroad workman. A character sketch of Mark Twain, by Robert Barr, will be of interest to many readers. Mr. Dana's reminiscences give the author's experiences and observations in daily life with Grant during the siege and at the fall of Vicksburg. Mr. Anthony Hope begins a new Zenda novel. Other articles in the January number sustain the reputation gained by this periodical.

Literary Note.—"Klemperer's Clinical Diagnosis," by Dr. G. Klemperer, Professor at the University of Berlin; first American from the seventh and last German edition; authorized translation by Nathan E. Brill, A.M., M.D., Adjunct Attending Physician to the Mt. Sinai Hospital, and Samuel M. Brickner, A.M., M.D., Assistant Gynæcologist to the Mt. Sinai Hospital Dispensary, is announced for early publication by The Macmillan Company.

Dr. Klemperer's work on clinical diagnosis is widely known, and all English readers will be rejoiced to find within their reach this very comprehensive but condensed manual. Its chapters deal with the inspection and examination of the patient, the diagnosis of the acute infectious diseases, diseases of the nervous system, and digestive diseases, each under its special symptomatology, diseases of the respiratory apparatus, the heart and circulation. Two chapters are devoted to urinalysis and to the diseases of the kidneys. The four concluding chapters deal with the disturbances of metabolism, the diseases of the blood, the Roentgen rays as diagnostic aids, and animal and vegetable parasites, including such bacteria as are of clinical importance.

No book so complete, short of a text-book of medicine, is before the American medical public. It has passed through seven editions in its original language (German) in as many years. The German school leads in clinical diagnosis and this little work is an exquisite example of its methods.

Digitized by Google

CURRENT MEDICAL LITERATURE.

The Evolution and Perfection of the Aseptic Surgical Technique. By Lewis S. McMurtry, M.D.

Statement of Vital Statistics, Health Department, City and County of San Francisco, California. Volume iii, Nos. 1, 4, 10, 11, and 12.

Public Health Reports. Vol. xii, Nos. 27, 28, 35, 39, 44, 45, and 47. Washington, D. C.

Public Health Reports. Vol. xii, No. 29. Supplement. Washington, D. C.

Chronic Suppurative Otitis Media. By S. MacCuen Smith, M.D.

Mastoid Empyema Without the Usual Objective Symptoms. By S. MacCuen Smith, M.D.

Chronic Non-suppurative Otitis Media. By S. MacCuen Smith, M.D., Philadelphia.

Two Hundred Cases of Speech Defects at the Philadelphia Polyclinic Hospital. By G. Hudson Makuen, M.D.

The Scholar in Medicine. By J. M. Da Costa, M.D., LL.D. (Harv.), Philadelphia.

The Annexation of Hawaii. An Address Delivered before the National Geographic Society, at Washington, D. C., March 26, 1897, by Hon. John W. Foster, Ex-Secretary of State.

Eighteenth Annual Report of the Indian Industrial School at Carlisle, Penna.

A Contribution to the Technique of Operations for the Cure of Laceration of the Pelvic Floor in Women. By Charles P. Noble, M.D., Philadelphia.

Some Further Observations Concerning Movable Kidney. By Charles P. Noble, M.D., Philadelphia.

Stone in the Kidney. By Charles R. Robins, M.D.

Report of a Case of Intradural Spinal Tumor Extending Through the Foramen Magnum, Compressing the Extreme Upper Portion of the Cord, and Almost Completely Destroying it at the Third Cervical Segment. By J. T. Eskridge, M.D., Denver.

Splitting the Kidney Capsule for the Relief of Nephralgia. By George Ben. Johnston, M.D., Richmond.

Acquired Umbilical Hernia in Adults. By George Ben. Johnston, M.D., Richmond.

Value to the Public of State Medical Societies. By George Ben. Johnston, M.D., Richmond.

Symptoms and Treatment of Hepatic Abscess, With Report of Seventeen Cases. By George Ben. Johnston, M.D., Richmond.

Hay Fever and Its Complications. By H. A. Arnold, M.D., Ardmore, Pa.

Proceedings and Addresses at a Sanitary Convention Held at Hanover, Michigan, June 3 and 4, 1897, Under the Direction of a Committee of the State Board of Health and a Committee of Citizens of Hanover.

Experimental Basis of the Dietetic and Medicinal Treatment of Hyperacidity and Gastritis. By John C. Hemmeter, M.B., M.D., Ph.D., Baltimore.

A Certain and Successful Method of Shortening the Round Ligaments. By J. H. Kellogg, M.D., Battle Creek, Mich.

A Case of Pyemia in a Young Infant. By John C. Da Costa, M.D., Philadelphia.

The Necessity for Early Inspection of the Vagina in Puerperal Sepsis. By Richard C. Norris, A.M., M.D., Philadelphia.

The Management of Labor Complicated by Ventrofixation. By Richard C. Norris, A.M., M.D., Philadelphia.

Antistreptococcic Serum in Puerperal Sepsis, a Series of Papers Read Before the Section on Gynecology of the College of Physicians of Philadelphia at the Meeting of March 18, 1897. By Drs. Barton Cooke Hirst, Richard C. Norris, George Erety Shoemaker, Edward P. Davis, J. M. Baldy, and John B. Shober.

Further Experience With Vaginal Fixation of the Round Ligaments for Backward Displacements of the Uterus, With a Tabulated Report of Fifteen Cases. By Hiram N. Vineberg, M.D., New York.

The Operation Itself in Appendicits. By Lewis S. McMurtry, M.D., Louisville.

Primary Sarcoma of the Iris. A Statistical Study, With the Report of An Additional Case, in Which the Growth Was Successfully Removed By Iridectomy. By Clarence A. Veasey, A.M., M.D., Philadelphia.

The Etiology and Classification of Tumors. By Samuel H. Friend, M.D., Milwaukee.

The Clinical Value of the Culture Products of the Bacillus of Tuberculosis. By Karl von Ruck, B.S., M.D.

Digitized by Google

COMMERCIAL NEWS.

The Assimilation of Iron.

We often hear it said of a man, "he has an iron constitution." This expression has an almost literal meaning, for the strong man is he who has the greatest quantity of iron in his blood. "Iron," says Le Progrès Médical, "is one of the most important principles of the organism, and the only metal the presence of which is indispensible to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood." When, as in certain diseases, the blood has lost much of its iron, it becomes necessary to restore to the blood the life-sustaining metal; the difficulty lies in selecting the most assimilable form of iron. Messrs. William R. Warner & Co. seem to have discovered the right preparation. In chlor-anæmia, for instance, Warner's Pil. Chalybeate Comp. "regenerates the diseased red globules of the blood with a rapidity not before observed under the use of other ferruginous preparations; it adds to their physiological power, and makes them richer in coloring matter." An invaluable property of this preparation is that it causes neither constipation nor diarrhœa; it gives rise to no sensation of weight in the stomach. It will afford sure relief to women suffering from amenorrhea or from an anæmic state of long duration.

Cystitis the Sequel of Gonorrhœa.

The use of astringent and antiseptic injections in the treatment of gonorrhœa often gives rise to various complications, such as cystitis, which prolong the course of the disease and render it more severe. How to utilize the beneficial effect of these injections without risk to the patient, is the problem solved by the preparation of Micajah's Medical Wafers. By dissolving one wafer in the desired quantity of water, a solution of definite strength is obtained, adapted to any stage of the disease, or the sensitiveness of the urethra. This method is of value, on the score of simplicity, efficiency, and convenience of application. (Write Micajah & Co., Warren, Pa., for samples and literature.)

Armour's Nutrient Wine of Beef Peptone.

If a physician ever finds it necessary to resort to predigested food to supply nourishment in an immediately assimilable form to sustain life, he will find Armour's Nutrient Wine of Beef Peptone the ideal preparation. Nutrient Wine is made from lean beef predigested and sterilized and a good, sound Sherry. Each ounce contains the entire digestible substance of one ounce of lean beef.

Japanese Ingenuity and Yankee Skill.

Count Okuma, the Prime Minister of Japan, has a Yankee leg, which does not make him a half-American, but which will add to the firmness of his attitude if he should have to "put his foot down." This American leg is of wood and the way the Count became the happy possessor of it redounds to the credit of A. A. Marks, the well-known firm, manufacturers of artificial limbs. It happened this way: In 1890 Count Okuma lost his right leg by the explosion of a bomb thrown by a Japanese Anarchist. A native artist manufactured an artificial limb—a thing of beauty and richness as befitted the rank of the cripple—but, alas, lacquer and mother-of-pearl do not add to solidity. The Count, coming to this country in 1891, tried an American leg, and would still be stumping about with it had not his wooden limb been shattered recently in a runaway accident. The two countries being at peace nothing was easier than to replace the leg by another of the same origin: the diplomatic service was put in motion; the prime minister sent a dispatch to the Japanese Minister to the United States; this high official turned it over to the Secretary of the Legation, who transmitted it to the Consul General, who applied to the firm of A. A. Marks; red tape was not slow in this case, nor was Mr. Marks, for in two weeks Count Okuma's leg was shipped to Japan.

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

ELIXIR SALICYLIC COMP.

(WM. R. WARNER & CO.)

Avoid Substitutes and Imitations.

A Potent and Reliable Remedy in Rheumatism, Gout, Lumbago, and Kindred Complaints.

Combining in a pleasant and permanent form in each fluidrachm, the following:—

Acid. Salicylic. (Schering's), grs. v.
Cimicifuga, grs i¼. Potass. Iodid., grs. iss.
Tr. Gelsemium, gtt. j. Sodii Bicarb.

This preparation is especially valuable for rheumatic diathesis and in the treatment of acute inflammatory, subacute, and chronic rheumatism; any of which will yield to tablespoonful doses, every three or four hours, until four doses are taken; then a dessertspoonful at a time, and finally decrease to a teaspoonful every three or four hours.

In acute inflammatory rheumatism experience has proved that two tablespoonfuls administered every four hours until a slight ringing in the ears follows, the dose then decreased to a tablespoonful every three or four hours, will produce the desired effects

The advantages of Elixir Salicylic Comp. are afforded by the combination of Salicylic Acid with Soda in excess, thus forming a salt less corrosive and irritating and more readily borne by the stomach.

The other ingredients possess advantages well known to the profession, to whom this preparation is alone introduced. We therefore suggest the propriety of specifying "Warner & Co.'s" and, in ordering in fluid quantities, to obtain original bottles It is a matter of great satisfaction to us to be able to place before the profession a remedy so effectual in the cure of one of our most stubborn classes of disease. **Price, $1.00 per bottle.**

Elixir Salicylic Comp. is put up in 12 oz square, blue bottles, with prescription label on it, and may be obtained from druggists everywhere. See that no substitutes are offered.

For Sale by All Druggists.

WILLIAM R. WARNER & CO.,

1228 MARKET ST., PHILADELPHIA. 52 MAIDEN LANE, NEW YORK. 197 RANDOLPH ST., CHICAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

FORMULA:

Sodium Phosphate, C. P.,
Sodium Sulphate, C. P.,
Sod. et Pot. BITART., and
Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

Digitized by Google

The Value of Imperial Granum.

A physician sends to the Imperial Granum Company his testimony as to the value of their preparation used as sole article of food. He writes: "We tried all the several extensively advertised foods with our little boy, but he could not use any of them. He always had trouble with his stomach and, unfortunately, I did not know of your food. Our little girl (eleven months old) began in the same way. I do not think she would be alive to-day had I not decided to procure and try the Imperial Granum. From the very first she began to gain flesh and has never had any further trouble with her stomach or bowels. One can readily see why it is just the thing for typhoid fever patients."

Iron Preparations After Gynæcological Operation.

The N. Y. Medical Journal of June 26th published a paper read before the section in obstetrics and gynæcology of the New York Academy of Medicine, on results from the administration of iron in a readily assimilated form after gynæcological operation, by Dr. C. A. von Ramdohr, Professor of Obstetrics in the New York Post-Graduate Medical School, etc., which contained some valuable observations.

Dr. von Damdohr began with the statement that, having a patient lose a comparatively large amount of blood after a trivial operation, he concluded to try iron, in spite of the weakened condition of her stomach, as the quickest acting tonic, to counteract her anæmia. The results were so good that he decided to put all his patients on the use of the same preparation after any operation, and to carefully note the good or bad results of its administration. As a further precaution he had the blood of some patients tested by Dr. H. T. Brooks, of the New York Post-Graduate Hospital and similar tests at St. Mark's Hospital made by Dr. Lindenmeyer. Some cases were loaned him for observation by Drs. H. J. Boldt, J. R. Nilsen, and Carl Beck.

The preparation used in all cases was the peptonate of iron and manganese, made according to Dr. Gude's formula and known for short as "Pepto-Mangan Gude." The results were most convincing. Of the nineteen cases carefully observed, details of which are given in Dr. Ramdohr's paper, in only one case, that of a 12-year-old girl, referred to him by Dr. Beck, had the administration suspended because it was not well borne. Dr. von Ramdohr, in conclusion, holds that "(1) it is beneficial to immediately put a patient on whom an operation has been performed on the use of an easily assimilated iron preparation, and (2) Pepto-Mangan (Gude) seems to be such a rational, ideal, pharmaceutical preparation."

The Juice of the Grape.

The nutritive value of the grape is well-known. In addition to sugar and albumin, vegetable acids and mineral salts are also constituents of the grape. An appreciable quantity of nitrogenous matter is also present in the fruit. It is obvious that expressed grape-juice, such as has been prepared for almost thirty years by Dr. T. B. Welsh, representing the nutritive properties of the fruit, possesses nutritive and medicinal powers. When the power of the stomach has been weakened by disease, grape-juice is beneficial both during the course of the disease and in convalescence. It is remedial in cases of chronic indigestion. It may be given with advantage to infants and young children suffering from digestive disorders or rickets. It is a serviceable beverage in anæmia.

Atypical Gout.

While the statement is often made that few cases of typical gout are seen in this country, the other manifestations of the uric-acid diathesis are quite frequent. The complex of symptoms termed "neurasthenia" by Beard is so often encountered as almost to justify the name applied to it by some authors: "American disease." In studies of the pathology of this condition it has been found that the presence of an excess of uric acid in the blood and tissue-fluids is the fundamental cause in a considerable number of cases. The deficient elimination and accumulation of this substance in the body react especially upon the nervous system, as is shown by the vague pains and neuralgias experienced by these patients and by their mental state. As re-

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

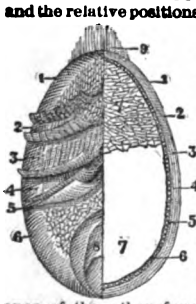
THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

A Comprehensive view of the structure of **A GRAIN OF WHEAT,** and the relative positions of various parts comprising it.



Nos. 1, 2, 3 and 9 constitute the outer husk and fibrous beard, which are entirely removed from the berry before the food elements are reduced to *Fine Flour of the Entire Wheat.*

Nos. 4, 5, 6 and 8 constitute that portion of the wheat wherein reside nearly all the mineral elements existing in wheat—those food properties so essential to build up and keep in repair the tissues of the body.

No. 7 represents the starch cells, and constitutes nearly seven-tenths of the entire berry. While starch contains those properties which, being burnt up in the system, produce the heat necessary for the performance of the other functions, yet it has no properties capable of building up the structure and tissues of the human system and repairing its vital wastes.

It will be understood from the above why the universal use of white flour is one of the most remarkable facts in the history of civilization—remarkable because it is the only impoverished food on the diet list. Over-boiled meats and vegetables are the only approach to impoverished food, and these the people know enough not to eat.

Remember, this *Fine Flour of the Entire Wheat* as ground by the Franklin Mills, contains all the mineral properties of wheat, and is not an *impoverished food*, and besides is best adapted for digestion and assimilation because of its even fineness.

The foregoing illustrations render it easier for those unfamiliar with the subject to see and understand why sound, plump wheat is taken and a flour made from it which looks nice and white, and yet will possess but feeble nutritive value in the most essential particulars; and, on the other hand, it will be just as easily seen why and how the same wheat may be taken, and be so treated in its preparation as to make of it this *Fine Flour of the Entire Wheat*—a food product of the highest nutritive value known to the World.

If your grocer does not keep it send us his name and your order—we will see that you are supplied.

See that the Flour delivered bears our label; avoid substitutes. Send for Booklet. The genuine made only by the

FRANKLIN MILLS CO., LOCKPORT, N. Y.

WATSON'S NEW SYSTEM OF BOOK-KEEPING FOR PHYSICIANS

Consists of a Ledger and Annual Day-Book.

It is plain, practical, legal, easily understood, and will save time, labor, and money.

Physicians who have used this system several years say: "None who desire to be good business men as well ought to be without it."

Copyrights secured.

For circulars and price address

W. S. WATSON,

105 W. 47TH ST., NEW YORK.

DIETZ DRIVING LAMP

From it you get the results of much experiment and outlay, also of much Reflection.

On it you get an astonishing flood of clear, white, penetrating LIGHT.

In it we shed still more LIGHT in a little book, for a copy of which address

R. E. DIETZ CO., 60 Laight St., N.Y.

Mention this paper and get special discount.

Digitized by Google

gards the treatment, aside from the adaptation of appropriate hygienic and dietetic measures, some drug is required that will aid in the elimination of the uric acid. There are a large number of such remedies, but the one which commends itself to many physicians, by reason of its efficiency, safety, and agreeableness, is Lycetol in 5-grain doses three times daily. That this drug actually increases the excretion of uric acid has been shown by numerous examinations of the urine during its administration. Lycetol should be given in an abundance of water, or in the form of the lycetol gout-water, which is both pleasant and convenient.

Phthisis and Winter Coughs.

The treatment of phthisis, or tuberculosis, is ever of interest to the practitioner of medicine; at this time of the year especially so. Like the poor, "it is always with us." So many specifics for this affection have from time to time been heralded to both the profession and the public, that it is, doubtless, true that thousands of human lives have been sacrificed while demonstrating their worthlessness.

It has, time and again, been proved that the best results in this disease can be attained by the use of what I may term "standard" remedies, and not in the waste of time required in experimenting with serums, and other impositions on the medical fraternity.

Prominent among the standard remedies referred to stands one that may with truth be called "nature's own remedy," inasmuch as it is obtained from the very bowels of mother-earth: petroleum.

The Angier Chemical Co., of Boston, have placed this remedy in our path in palatable form, combining with it the well-known hypophosphites. This emulsion supersedes codliver-oil in more ways than one, not the least of which is that it is palatable, and consequently does not disorder the digestion or produce nausea. This in many cases is of the greatest importance. In regard to its therapeutics it may be said that it is antiseptic, antispasmodic, stimulant, diaphoretic, nutrient, and expectorant. By its use the cough is at once ameliorated, the perspiration is diminished, the patient is strengthened, thereby enabling him to expectorate the loosened mucus with greater ease; fœtid oders are made less so, and frequently the consumptive steadily improves and regains health. In the first stages of this disease it is certainly curative, as can be verified by any practitioner giving it a faithful trial.

In the common coughs, often spoken of as winter coughs, even when not of tubercular origin,—and also in bronchitis, Angier's Petroleum Emulsion is invaluable. Here it exerts the same action on the cough, expectoration, and malnutrition as in the former conditions, and other medication is rarely required. In the vague and ill-defined chest-pains of those recovering from an attack of pneumonia, pleurisy, or grip this preparation is especially indicated. The improvement in digestion which always follows its use is one of its prominent features, and it is therefore also adapted to all forms of malnutrition in both old and young.

It is not my purpose in this paper to quote particular cases treated, but simply to direct attention to Angier's Petroleum Emulsion of those who may not have learned of it, and especially to those physicians who are prescribing codliver-oil, but who desire something more efficacious and more acceptable to the patient's palate and stomach.

J. D. Albright, M.D.

Pottsville, Pa.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

MALTZYME.

MALTZYME is the pure and unfermented essence of malt, extracted and concentrated by a new process which renders it superior in all respects to any malt preparation hitherto offered to the medical profession.

MALTZYME is exceptionally rich in diastasic and nutrient properties. It contains digested carbohydrates, proteids, and grain phosphates.

Preparations now ready

MALTZYME (Plain).
MALTZYME with Cod Liver Oil.
MALTZYME with Cascara Sagrada.
MALTZYME with Hypophosphites.

For descriptive literature and formulæ, address

MALT-DIASTASE CO.,

No. 1 Madison Avenue, New York.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation, and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia, Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise.

THE PURDUE FREDERICK COMPANY,

Write for Samples. No. 52 West Broadway, New York.

Digitized by Google

DR. McMUNN'S
Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

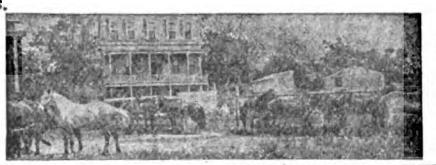
E. FERRETT, Agent, 372 Pearl Street, New York.

ANTI-TUBERCLE SERUM

TUBERCLE ANTITOXINE (Paquin) for Tuberculosis. Hundreds of Clinical Reports showing gratifying results, numerous recoveries. Professional endorsements of highest order. LITERATURE ON APPLICATION.

TOXINES AND ANTITOXINES of TETANUS, STREPTOCOCCUS, DIPHTHERIA, etc., on hand, fresh, active, by most scientific processes. Cultures of all germs, Media, Stains, Diagnostic Outfits. Chemic, Bacteriologic and Microscopic Analyses for profession promptly made at reasonable rates.

Paul Paquin Laboratories
HOLLAND BUILDING,
209 NORTH SEVENTH STREET,
ST. LOUIS, MO.



A CORNER OF LABORATORIES' FARM, WITH SOME OF THE HORSES WHOSE STRENGTH FURNISHES ANTITOXINE.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 4, 1897, and continues until May. It is preceded by a Preliminary Session of two weeks, and followed by a Post-Graduate Course until middle of June.

Preliminary examination, or equivalent degree, and four years' graded course obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practical demonstrations. In the subjects of Anatomy, Pharmacy, Chemistry, Physiology, Hygiene, Therapeutics, Histology, and Pathology and Bacteriology special practical laboratory instruction is given. Also bedside instruction in Medicine, Surgery, and Gynæcology.

Examinations are held at the close of each Regular Session upon the studies of that term.

FACULTY:

Therapeutics, Skin, and Venereal Diseases, J. V. Shoemaker, M.D., LL.D.	Ophthalmology ..... L. Webster Fox, A.M., M.D.
Practice ..... J. M. Anders, M.D., Ph.D.	Physiology ..... Isaac Ott, A.M., M.D.
Surgery and Pathology ..... Ernest Laplace, M.D., LL.D. / Wm. L. Rodman, M.D.	Hygiene ..... Seneca Egbert, A.M., M.D.
Obstetrics ..... W. Frank Hachnlen, M.D., Ph.D.	Clinical Medicine ..... William E. Hughes, M.D.
Gynæcology ..... W. Easterly Ashton, M.D.	Nervous Diseases ..... Chas. W. Burr, A.M., M.D.
	Children's Diseases ..... W. C. Hollopeter, M.D.

For further information or announcement, address

SENECA EGBERT, A.M., M.D., DEAN,
Medico-Chirurgical College, Philadelphia, Pa.

PLANTEN'S CAPSULES AND PERLOIDS OF SANDAL OIL
AND ITS VARIOUS COMBINATIONS.

PURE SANDAL OIL CAPSULES.

				PER DOZ.
List No. 53A	12 in Box	10	Min-	$ 2.25
" 53	24 "		ims	4.35
" 54	36 "		Size.	6.25
" 54C	100 "			15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

			PER DOZ.
List No. 421A	40 in Vial	5 Minims Size.	$ 4.75
" 421B	80 "		9.00
" 421C	100 "		16.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

BERND'S PHYSICIANS' REGISTERS.

FOR OFFICE AND POCKET USE.

THE MOST PRACTICAL SYSTEM OF KEEPING PHYSICIANS' ACCOUNTS.

Send for Circular Containing Price-List and Fac-Simile Page, with Description and Opinions.

HENRY BERND & CO., P. O. BOX 336, ST. LOUIS, MO.

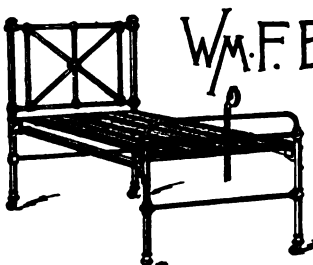
DOCTOR, DO YOU CURE YOUR **GOITRE PATIENTS?**

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

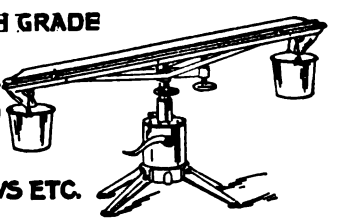
Lock Box 4. **F. E. MAY, M.D., Bloomington, Ill.**

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

ALWAYS MENTION
THE MEDICAL BULLETIN
When Writing to Advertisers.



WM. F. BERNSTEIN & CO.
MAKERS OF HIGH GRADE
ASEPTIC
HOSPITAL FURNITURE
IRON BEDSTEADS
MATTRESSES
PILLOWS ETC.
SEND FOR CATALOGUE



FACTORY & OFFICE 917 RICHMOND ST. SHOWROOMS 4TH & CALLOWHILL STS. PHILA.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter.

Resident Physicians: { J. WILLOUGHBY PHILLIPS, M.D. / S. A. MERCER GIVEN, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, FEBRUARY, 1898. No. 2.

Clinical Lectures.

THE MECHANISM AND REDUCTION OF DISLOCATIONS OF THE HIP.*

BY OSCAR H. ALLIS, M.D.,

Surgeon to the Presbyterian Hospital, Philadelphia.

FIRST LECTURE.

THE subject of dislocations of the hip is of great and universal interest to every practitioner of medicine. In two lectures at your clinic hour I cannot hope to teach more than a few principles; but I hope to so far interest you that you will pursue the study by yourselves, and, by the same method that I shall employ, investigate the effect of violence when applied under certain clearly defined laws to the bones, ligaments, and muscles of the human frame.

At first glance it will appear to you that experiments like these that I shall employ will not find analogous injuries in actual life; but a little reflection will convince you that, however the muscles may be an exception, the hard bones and strong ligaments are uninfluenced by cadaveric changes for a long time after death.

The first point that I wish to impress upon you is that every traumatism—the result of violence—exerts its influence upon the principles of the mechanical forces.

These, you are well aware, are the lever and fulcrum—power and weight. At first sight, it would seem impossible to investigate these when an accident may take place in a minute part of a second; and yet we can make shrewd guesses at truth, if we take the means at our disposal. To-day we take for investigation the subject of the mechanism of dislocations of the hip, and our first study is with the lever. You are too familiar with the qualities of the lever for me to dwell upon them. Two of these qualities are length and strength. It is incompatible with the function of a lever that it bend or break. The instant a lever bends, it surrenders, just so far, its function as a lever. If it is brittle and breaks easily, it forfeits all claims to the function of a lever. So with a fulcrum. This may be defined as the foundation upon which the effectiveness of the lever depends. Pushed to its ultimate significance, it means the solid earth—for the earth is the foundation of all of man's actions. Any soft structure, as cotton, any unstable substance, as a round ball, any substance of unstable equilibrium, as water, has none of the elements that we wish to find in the fulcrum. Thus, if the lever cannot bend or break, so the fulcrum cannot yield. The third point is the power. This, when a person falls from a height, is called momentum. The momentum of falling bodies is cumulative, and can be calculated by rules at your command. Finally, we must consider the weight to be lifted. This, in dislocations, must be regarded as resistance to displacement, and is always proportionate to the security of the joints

* Delivered on January 4, 1898, by invitation of Dr. J. P. Mann, Professor of Orthopœdic Surgery in the Medico-Chirurgical College of Philadelphia. Second lecture delivered on January 5.

Digitized by Google

and the strength of the capsule and muscles.

Let us now apply what has been said to a dislocation of the head of the femur. Whether this be accomplished in the fraction of a second or through the slower methods of the experimenter, everyone of the fundamental principles of the mechanical powers must be present— and first we recognize readily the lever in the femur— we recognize the power in the momentum of the fall—we recognize the overcome weight or shattered resistance in the torn capsule and dislocated head—but where was and what constituted the fulcrum when the power acted upon the lever? Not in the tree from which our patient might have fallen, not in the fence upon which he might have struck, not on the ground upon which he lay insensible. No, in none of these places; and yet there was as truly a fulcrum, as there was a lever, a fall, and a dislocation. If we take the dry bones of the pelvis and examine the socket and the head of the femur in their normal action we do not find any part of the neck or shaft coming in contact with any part of the pelvis. Only the head fits snugly and moves smoothly in the sockets. But if we carry the flexed femur outward we bring, by degrees, the neck of the bone against the outer rim of the socket, and if we still farther extend this motion we see the head begin to rise out of the socket. We have thus found the last remaining element in the four mechanical powers,—viz., the fulcrum,— and it is formed by a strong, bony rim: a part of the bony foundation of all the movements of the thighs. In flexion and abduction of the thigh we have the most advantageous fulcrum possible to affect dislocations of the femur. By this manœuvre the capsule can be torn. I can assert with great confidence that as persons advance in years fractures of the neck of the femur become frequent and dislocations of the hip relatively infrequent; but this does not disprove my statement. Authors state, almost without fear of contradiction, that, if an aged person falls and cannot rise, the probability is that a fracture of the neck of the femur is present, and in this they are correct. But this does not disprove my statement. When the aged fall they fall with an adducted and extended thigh, and the result is fracture. What I have said—viz., that, if the capsule is attacked during flexion and abduction, it will be torn and the head dislocated—accounts for those rare accidents at seventy and eighty: accidents that I formerly believed to be impossible; accidents that I once uncharitably believed to have been incorrectly reported, but which I now confidently assert to be possible, even at a much older period.

Let us now return to the lever. One quality the mechanic desires in his lever is that it be straight. If we look at the femur we find the long shaft answers well the purpose; but when we look at the neck we see it forms an abrupt angle with it. If now we examine the movements of the femur with the head in the socket, with a view to find fulcrums, we see that, during adduction of the femur, the obtuse angle of the lever and the shallow internal rim of the socket renders such a hunt unprofitable. It will be plain, therefore, to you on a very superficial examination, that a ready fulcrum and a most advantageous lever are to be found during flexion and abduction of the femur, and that no other relation of the femur to the socket or pelvis yields as favorable a bony fulcrum. I might delay you at this point and direct your attention to other fulcrums, and also the probable result when they are brought into action, but it is foreign to my intention to attempt to teach the mechanism of all the dislocations in an hour.

All I purpose doing is to give you a few plain facts, to direct your attention to the stern logic of accidental injuries and leave you with a fixed purpose to still further investigate this subject—by methods and appliances far better than the rude ones I use here.

I have said to you that a lever must not bend or beak, that a fulcrum must not yield, that the power must be great and irresistible, and that, as a result of these, the weight must rise. In the joints this weight, I have told you, is to be regarded as the resistance of the strong bands which form a part of the capsule. The capsule of every

Digitized by Google

joint has various functions,—one to retain synovia; but the one that interests us to-day is the resistance to displacement. I wish I could communicate to you my own definition of a ligament. I wish you could go back to the living growing embryo, to a time when bone, ligaments, muscle, and skin were an inscrutable, indivisible mass. I wish you could get hold of the idea that a ligament is a part of the matrix of the bone. Do not ever think of a muscle or ligament being attached to a bone. This is never true,—except as it relates to descriptive anatomy and to serve as a general definition. Is your finger attached to your hand? Is your eye attached to your brain? No, your finger is a part of the hand; your eye is a part of the brain. So each ligament and each muscle is a part of bone. One other point let me insist upon: my definition of a ligament,—viz., *bone that can be bent without breaking*. Not bone that can stretch, but bone that can bend and not break—I define a ligament to be limber bone.

Now bring such force upon a joint that the ligaments will give way, and are you not better prepared to understand the law by which they will yield?—*i. e.*, they will yield at the point of greatest strain. In one case the ligament will tear from the roots; will not tear in two, but, being capable of bending, the force shifts as it increases and the ligament prevails. It remains intact, but it has come out by the roots,—it has brought away with it a part of its bone.

The manner and extent of laceration of capsule is one of vital importance, and can be most advantageously studied in experimental work. As a rule, the destruction of capsule and ligaments is excessive. By this I mean that the remnant of capsule about a joint after dislocation usually offers no obstacles to replacement. I insist upon this statement, for you will find counter-statements in your books. I have, in oft-repeated experiments, been unable to replace the dislocated bones; but this was never due to an insufficient opening in the capsule. When I cut down upon the parts I found obstacles that human foresight could not divine nor human agency overcome without the aid of the scapel. Do not permit yourselves to be misled by frequent and easy reductions of dislocations. and conclude that they are harmless disorders and readily amenable to skill. On the contrary, they are never simple, and their crippling results are often opprobia to the highest surgical skill.

I will now direct your attention to the conditions under which I will demonstrate a dislocation. I have here a low table, supported by four legs, with a firm, narrow top. Upon this I fasten the pelvis of the subject so that it cannot escape from the action that I shall bring to bear upon it through the femur. I take hold of the femur, flex it, and abduct it. As I carry it outward, the first resistance that I encounter is from the tense adductor muscles. These muscles act as body-guards to the femur, and resist the first approach of hyperabduction. In experimental work these abductor muscles are necessarily torn and become an object-lesson of the ravages that may be present in actual clinical experience. If now I still further abduct,—if I carry the knee still further outward and downward,—I bring the neck of the femur against the outer rim of the socket, while the knee—*i. e.*, the outer extremity of my lever—descends, the inner end—*i.e.*, the head of the femur—rises up and attacks the capsule. Those of you near at hand can hear the fibrous bands of the capsule as the head crashes through them or tears them out by the very roots. As the capsule yields and the head rises, I rotate and carry the knee a little downward. The head now lies in the thyroid depression. I now place my table upon end in order that you all may see the characteristic symptoms of inward dislocation. As I do so, the weight of the limb causes the head to rotate and reenter the socket—I will again throw it out; but you see it spontaneously returns the moment I place the body in a good position to display the deformity to advantage. I am glad, on some accounts, that you have this result. It is one that not infrequently occurs in actual clinical experience. A man is brought in the ambu-

Digitized by Google

lance with the history of a severe injury to the hip or shoulder; it is examined and pronounced all right. It is all right now; but it was not all right before the man was lifted into the ambulance or undressed for bed. There are too many cases of spontaneous reduction of the hip- and shoulder-joints to cast a doubt on the correctness of this statement. When I meet you again I shall be able to tell you why, in this case of dislocation, the head returns so readily to the socket and cannot be made to remain out of it.

Second Lecture.

Gentlemen: If I had yesterday addressed a miscellaneous audience I should have felt that my experiment at least had been a failure. In speaking to an educated and reflecting body of medical students, I am consoled by the assurance that the seeming failure was of greater practical value than a brilliant success. The physician or surgeon cannot always expect to find undeviating signs and symptoms to direct him in his diagnosis. Not every pneumonia has characteristic shortness of breath; not every pleurisy has sharp lancinating pain; not every fracture is attended with crepitus and total helplessness. In the attempt to demonstrate to you yesterday the signs of dislocation inward I was thwarted, for the head refused to remain out of the socket whenever I placed the table in a position to exhibit the characteristic signs of displacement. After you were dismissed I cut down upon the head of the femur. I found that in the act of dislocation the capsule had been torn from its femoral attachment and acted as a roof to the head. Usually the head lies under constraint, exerted, in a great part, by the remnant of untorn capsule; but in this case all restraint was in abeyance, since that part of the capsule which was in contact with the head after displacement acted as a guide and compressor, favoring replacement, if the limb were allowed to extend itself, as happened when I tilted the table.

I will repeat the experiment to-day upon another subject. As I wish to give you an accurate picture of dislocations inward, and lest a second attempt should prove similarly unsatisfactory I will cut with a bistoury the capsule a little on its inner aspect: something I never do in my private work. I now abduct, extend, and rotate outward, and you have at once a perfect reproduction of the signs of dislocation inward. The signs characteristic of this displacement are: a hollow in the trochanteric region, where normally there is prominence; a fullness and resistance in the thyroid region; while the axis of the shaft of the femur is carried outward and forward. These three signs are of great significance. The hollow in the trochanteric region and the hidden concealed trochanter major are of great diagnostic value. The trochanter in dislocations inward usually rests upon the rim of the socket, or it will be found entirely within the socket. A point never to be lost sight of is: before a dislocation takes place the head is the pivot of action and the trochanter rotates upon the axis of the neck; after dislocation the trochanter becomes the pivot and the head can be made to rotate,—*i.e.*, move freely upon an axis, whose radius is the length of the neck of the femur, but whose centre of action is now the trochanter. Hence, while an assistant rotates the femur, —rotates, not circumducts,—if the head can be felt to *travel*,—*i.e*, go from one spot to another—under the skin, the strongest probability is that a dislocation is present. The abduction of the femur may be simulated in the first stage of hip-joint disease; but in hip-joint disease the trochanter is not lost; and, if rotation is admissible, the trochanter will be found to move, while the head cannot be made to travel under the skin. I will now undertake to restore the displacement. To do this scientifically,—and not as a mere charlatan,—to do it by law, and not by guess-work, *I must make the head of the femur retrace its steps.* This implies that I know the steps it took,—and in the experiment made in your presence I do know these steps. The first condition in the displacement was a fixed and immovable pelvis. In other words, I had at my command lever, fulcrum, and power;

Digitized by Google

and by these means I overcame the resistance. Matters have changed now: I have the same lever and the same power,—but where will I find a fulcrum? In the method of circumduction almost universally taught the surgeon invokes the Y ligament, and, by winding and tightening this during his manipulation, he compels the head to take the direction of the socket. I have no time to explain the reasons why this method is unscientific, disappointing, and at times dangerous, but simply to direct you to the utilization of a plan that is the surest and most effective because it is based on the true principle of retracing the steps. First, then, the pelvis must be fixed. In dislocations inward this can be done with tolerable effectiveness by assistants. Let a strong, heavy person make downward pressure upon the pelvis through the anterior superior spines. This done, the operator flexes the thigh on the pelvis, abducts, and draws the limb outward. Why? Because, the head lies inward—in the thyroid depression—toward the middle line of the trunk. Hence the knee must be grasped and the shaft of the femur drawn outward until the head has reached or lies over the socket. Now you stand in need of a fulcrum. When I dislocated the bone, my fulcrum was under the neck, because the head was to be driven out of the socket; now the fulcrum must be on the front side of the groin because the head must be directed back into its socket. Note, now, that, as I draw the knee outward and bring, by this means, the head over the socket, Professor Mann makes direct pressure on the head, while I, using that pressure as a fulcrum, gently elevate the knee,—*i.e.*, I make vertical adduction,—and the head drops suddenly and noiselessly into the socket and all signs of displacement disappear.

Dislocations outward. These can be readily accomplished by first lacerating the capsule by forced abduction,—*i.e.*, by using the outer rim of the socket as a fulcrum and following this manœuvre by rotation inward.* You now have a picture that contrasts strongly with the one first shown you. The head now lies outward and the knee tends inward and tends to cross its fellow at a point above the sound knee. The axis of the shaft has been rotated inward, and this is due to the fact that the head of the femur now lies on a lower level than the great trochanter.* In the normal joint the head lies on a plane above the plane of the great trochanter.* Again, the knee tends inward. The axis of the shaft is not only rotated inward, but the shaft itself is adducted.

This accident resembles hip-joint disease in its advanced stage, and you can well occupy your first leisure time in studying these differences.

I will now restore this dislocation. To do this scientifically we must make it retrace its steps. If you note the position of the head, you will find it backward and below the level of the socket. Hence the first thing to do is to lift it to the level of the socket. To do this the pelvis should be strapped to the floor, or else it will follow the efforts at traction and defeat the attempts of the manipulator. As I lift it to the level of the socket, I draw it close to the lower border of the socket; and now Professor Mann will make pressure upon the head of the femur, and, using this pressure as a fulcrum, I extend the limb, and, as you see, the head enters the socket.

A very universal and popular method of reduction is that of circumduction. This was given to the profession by Reid, of Rochester, upon the theory that by relaxing the muscles about the hip the reduction could be easily effected. He therefore flexed the leg on the thigh and carried the knee over toward the pubes, then upward toward the umbilicus. then outward and downward in extension. He reserved his method until he had given it three successful trials and then published it. The result has made manipulation popular throughout the world and given enviable immortality to the thoughtful surgeon. Later investigations proved that this manœuvre did not owe its success to the muscles, but to the remnant

* Dislocations outward can also be produced by flexing the leg on the flexed thigh and rotating inward, using the leg as a crank or lever.

* The body must be regarded as lying prone under these circumstances.

Digitized by Google

of untorn capsule: a discovery we owe to Bigelow, of Boston. Properly employed, circumduction is often brilliantly successful. I do not employ it because it does not follow the steps of dislocation, and also because it may, in certain instances, be productive of mischief. You are aware that in most dorsal dislocations the sciatic nerve lies between the head and the socket, and that in circumduction the nerve has been caught up and carried over the neck into the socket. I will now attempt to catch up the nerve by circumduction, and the result is that the head has gone into the socket, but the knee remains flexed and will not permit normal extension. If you are ever so unfortunate as to catch up the nerve, you cannot hope to release it by redislocation, and then by employing some other method to gain a happy entrance to the socket. Such a successful issue from this difficulty is too much to hope for. You can, however, displace the nerve by cutting down upon it in healthy surroundings,—*i.e.*, midway between the knee and hip, seizing it, and drawing upon it, while an assistant redislocates—disengages the nerve from the neck —and restores the dislocation.

As a rare complication to dislocations, a fracture of the shaft will be present. Murdoch, of Pittsburgh, has seen two. Dr. T. G. Morton sent for me to see one that had applied too late for help at the Pennsylvania Hospital. One I reduced after eight weeks, and still another was in a man who suffered a double amputation from a railroad accident. After he was well and applied for a pair of artificial limbs, it was discovered that one of his hips had been dislocated. I will now—without employing the bistoury—dislocate the right hip outward and afterward with a chisel cut the bone just below the great trochanter. To restore this now would seem, at first glance, to be attempting the impossible; but it is not a difficult task if properly understood. First, what have we? A dislocated head attached to a point above the socket by the ileo-femoral ligament. Second, a broken femur whose fragments have tendinous and periosteal attachments. By means of these bonds I can make traction upon the dislocated head. I must now, as a first act, immovably fix the pelvis, as it must not roll or move during attempts at reduction. I now lift upon the femur, and as the head rises I drag the head to the lower border of the socket. At this instant Dr. Mann presses against the head, and using this pressure as a fulcrum I draw the whole limb downward in extension, and all deformity disappears. You thus have a demonstration that, by the application of correct principles, an almost insurmountable obstacle is overcome and reduced to one of our simplest problems. Having now replaced the head, you have but the trifling task of treating the fracture, with the prospect of a good recovery and a useful limb.

In closing the two lectures that I have now delivered to you at your clinic-hour, I wish to thank you for your generous co-operation. You have been good, attentive, appreciative listeners: a condition that makes teaching a pleasure.

One favor I ask, and that is that you do not take anything I have said as final. I have not compressed the labor of years into two short hours, and you will act wisely if you will nurse and cultivate the germs of truth that I may have left upon your minds.

1604 Spruce Street.

Original Communications.

THE PRACTICE OF SHAMPOOING.

By John V. Shoemaker, M.D , LL.D.,
PHILADELPHIA.

The word "shampoo" is of East-Indian origin, and signified originally "to press." In Hindoostan it was applied to the practice of rubbing, pressing, and kneading the limbs of one taking a hot bath. A similar custom prevailed among the Greeks and Romans. At the present day the word is generally restricted to manipulations of the scalp as performed by the barber. The shampoo of this functionary is of two varities: the dry and the wet.

In the dry shampoo the barber rubs with his finger-tips the scalp of the customer,

Digitized by Google

drawing up the integument also between his thumb and fingers, as well as moving the scalp forward, backward, and from side to side upon the skull. After this process has been completed the scalp is generally washed with a mixture composed of equal parts of alcohol and water, to which a small quantity of solution of ammonia has been added. The hair is then rubbed dry with a towel.

The wet shampoo consists in rubbing the scalp while it is covered with a soap lather. The operator goes thoroughly over every portion of the scalp with his finger-tips and finishes by washing away the lather with an abundance of warm water poured over the head while the subject of the operation bends over a basin. A hot towel is used to dry the hair, dandruff or other accumulation is brushed away, and finally an oil is rubbed into the scalp.

It will be seen that the shampoo is, in effect, a species of massage, and that, therefore, properly performed, it must have a beneficial influence upon the nutrition of the scalp and promote healthy growth of the hair. Its action, as far as it goes, has a tendency to prevent the development of premature baldness. Considered in this relation, it is a procedure of much importance. Loss of hair cannot be regarded as other than a misfortune. This is particularly true of women, although alopecia is much less common in females than in men.

Shampooing increases the blood-supply and quickens the circulation of the scalp. It produces the same effect upon the subcutaneous connective tissue. It ministers to the nutrition of peripheral nerve-fibres, both sensory and vasomotor. The activity of the cutaneous glands — both sudoriparous and sebaceous—is augmented, cutaneous respiration is promoted, and the absorbent system is stimulated.

These valuable results maintain the health of the scalp and the hair at a normal standard, or improve it if depressed. Shampooing is, consequently, a preventive of early baldness.

It is, however, when the scalp is diseased and the integrity of the hair is threatened that shampooing, and especially wet shampooing, is an energetic assistant to other methods of treatment. Dry seborrhœa is a very common affection of the scalp and a very frequent cause of baldness. In this disease the scalp is more or less thickly covered with greasy scales, which sometimes are firmly adherent and in others are easily removed. The incrustation may be slight or it may be excessive in amount. The hair is deprived of its lustre. When the disease runs a complete course it leads to obliteration of the hair-follicles and irremediable baldness. If the hair-follicles and papillæ are destroyed it is obvious that there can be no new growth of hair. That has become an anatomical impossibility.

In order to check falling of the hair and restore the hair-forming apparatus to health, treatment should be begun with the first manifestations of disease. The practice of shampooing is of value in restoring the sebaceous glands to normal activity and removing diseased products from the skin.

An excellent preparation for shampooing the scalp is that known as Packer's tar-soap. It contains tar and glycerin, both of which substances are often of decided utility in unhealthy conditions of the scalp. Glycerin has an emollient effect upon the skin, and tar possesses antiseptic virtues. These constituents render the soap serviceable when applied in the form of shampoo. By this practice we obtain the benefits of local massage, the detergent action of a soap, and, additionally, the remedial influence of tar and glycerin. In threatened loss of hair shampooing with Packer's tar-soap may be performed much more frequently than is needful in health. It will often be of advantage to have the scalp manipulated in this manner every day until decided signs of improvement are manifested. In that event the number of applications may be reduced to two and at last one in the course of the week. If begun at an early stage this procedure, in conjunction with other local and, probably, general means will generally succeed in effecting a cure.

Another disease which generally begins upon the scalp is seborrhœic eczema. This malady, like seborrhœa sicca, pursues an indolent course, and eventuates in baldness.

Digitized by Google

It is described as consisting of three stages: the first being attended by fine desquamation, gradually becoming more abundant; in the second, large, fatty crusts are formed, and—in the third stage—an oily discharge occurs, which dries into yellow crusts. Through all these sequences the hair slowly and gradually thins and falls. In this disease, also, we find shampooing an excellent remedial measure, and in all the stages the mildly stimulant effect of Packer's soap fulfills a useful purpose. The same method is of benefit in chronic eczema of ordinary type when situated upon the scalp. The usual varieties of eczema rarely lead to baldness, but the matting of the hair by its fluid and glutinous discharge is very annoying and in neglected cases extremely repulsive. A stimulating shampoo cleanses the scalp and the hair, and awakens the vascular and lymphatic circulation of the parts. Benefit certainly accrues under these influences.

The scalp is one of the favorite seats of psoriasis. In severe cases the surface is covered with the characteristic scales of that affection, the hair being dry and harsh from impairment of its nutrition. In the local management of psoriasis it is essential to remove the scales. When they are firmly adherent it is best to saturate the lesions with oil, which loosens and detaches the scales. A shampoo with Packer's tar-soap, however, is effectual in removing them when loosened, while at the same time it cleanses the surface and stimulates the absorbent vessels to carry off the infiltration. In both chronic eczema and psoriasis the same process relieves the itching, which is present particularly in the former disease. It is of assistance, furthermore, in alopecia dependent upon infectious disorders,—as, *e.g.*, syphilis,—and it co-operates, in some degree, in restoring the proper gloss and luxuriance of the hair.

New York County Medical Society.—The officers for 1898 are: President, A. M. Jacobus; First Vice-president, Nathan E. Brill; Second Vice-president, B. Farquhar Curtis; Secretary, Chas. H. Avery; Treasurer, John S. Warren.

ANIMAL EXTRACTS.

By Isaac Ott, M.D.,
Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

Pituitary Gland.

Oliver and Shäfer found that it markedly raised the blood-pressure and its elevation was due to contraction of arterioles and augmentation of the heart-beat. This rise takes place after cutting off the main vasomotor centre. They state that it does not inhibit the heart. The accelerating action upon the heart is characteristic of the action of the adrenals in an animal with vagi cut or atropinized; but according to them it is absent with pituitary, and indeed is generally replaced by a slight diminution in frequency. Professor W. H. Howell* found that it usually produced a rise of pressure, followed quickly by a temporary fall, during which the heart-beat remained unchanged or showed some acceleration and this was followed by a very slow and powerful heart-beat. The slowing of the heart is due, in part, to an effect upon the cardio-inhibitory centre and in part to a peripheral effect, differing, in the latter respect, from the adrenals. The rise of the blood-pressure also occurs after section of the spinal cord; hence the elevation is due to a peripheral action.

Reflexes.

The subcutaneous injection of the pituitary causes a fall in reflex activity when the cerebrum has been removed. The same results ensue after complete removal of the entire brain. The action is upon the spinal cord. The nerve-muscle preparation for a curve of the muscle was not affected.

Experiment 14. Frog; cerebrum ablated; H_2SO_4 reflex.

Time, A M.		Met.
9.14		14
9.15	inj. of 1 gr. of pituitary powder	
9.20		19
9.25		16
9.30		14
9.35		15
9.40		12
9.45		12

*Science, No. 128, 1897.

Digitized by Google

EXPERIMENT 15. Frog; cerebrum ablated; H_2SO_4 reflex.

Time, A.M.		Met.
10.25		9
10.26	inj. of 1 gr. of pituitary powder	
10.30		8
10.35		8
10.40		10
10.45		9
10.50		13
10.55	does not react to H_2SO_4 nor to pinching	

EXPERIMENT 16. Frog; brain cut off; H_2SO_4 reflex.

Time, A.M.		Met.
11.20		10
11.21	inj. of 1 gr. of pituitary powder	
11.25		15
11.30		12
11.35		10
11.40		11
11.45		11

the atlas and occiput then injections per jugular showed an elevation of blood-pressure. This rise of arterial tension is due to an action on the arterioles. This rise is shown in Fig. 3.

EXPERIMENT 18. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
3.55.00	inj. of atropine	62.	84
4.00.00		56	100
4.00.15	inj. of ½ gr. of pituitary	29	90
4.01.00		33	92
4.02.00		36	93
4.03.00		37	93
4.03.30		43	93
4.05.00		50	92
4.06.00		60	72
4.06.30	inj. of atropine	54	70
4.07.00		50	90
4.07.15	inj. of ½ gr. of pituitary	45	90
4.07.30		42	80
4.09.00		47	80
4.11.00		48	80
4.12.00		50	80
4.13.00		52	78
4.14.00		52	78
4.15.00		54	80
4.17.00		54	76
4.18.00		53	76
4.19.00		52	76
4.20.00		47	90
4.20.15		41	84
4.20.30		45	74
4.21.45		47	80
4.23.00		48	80
4.24.00		46	76
4.25.00		47	76
4.26.00		47	75
4.28.00		46	74

Fig. 3.—Injection, per jugular, of ½ grain of pituitary body in the shape of a filtered infusion; the spinal cord was cut between the occiput and atlas; the cardiac nerves in the neck were cut.

EXPERIMENT 17. Frog; brain cut off; H_2SO_4 reflex.

Time, P.M.		Met.
1.32		14
1.33	inj. of 1 gr. of pituitary powder	
1.38		17
1.43		16
1.48		18
1.53		17
1.58		16
2.03		15

CIRCULATION.

The pituitary reduces the heart-beat and elevates the arterial tension. When atropine is given, then the gland does not reduce the pulse-rate, except with large doses. It is evident that pituitary reduces the pulse by stimulation of the vagi terminals in the heart, as a reduction ensues when the vagi are cut. When the cord was cut between

Digitized by Google

EXPERIMENT 19. Rabbit; etherized; jugular prepared; preliminary injection of atropine.

Time, P M.		Pulse.	Pressure.
2.10.00	inj. of atropine		
2.15.00		67	106
2.16.00		66	105
2.17.00		64	110
2.18.00		63	110
2.18.15	inj. of $^1/_{64}$ gr. of pituitary	63	115
2.19.00		64	112
2.20.00		64	110
2.21.00		65	118
2.22.00		64	112
2.23.00		62	114
2.25.00		67	116
2.26.00		39	40
2.27.00	animal dies		

EXPERIMENT 20. Rabbit; etherized; jugular prepared; vagi cut.

Time, P.M.		Pulse.	Pressure.
4.30.00		84	120
4.30.45		73	114
4.31.00	inj. of ½ gr. of pituitary powder	78	130
4.31.15		30	58
4.32.00		43	90
4.33.00		52	90
4.35.00		59	60
4.36.00		59	60
4.37.00		55	60
4.38.00		60	60
4.38.15	inj. of ½ gr. of pituitary powder	58	100
4.38.30		56	88
4.40.00		51	70
4.41.00		58	68
4.42.00		61	70
4.43.00		61	72
4.44.00		64	80
4.45.00		65	78
4.46.00		63	78
4.48.00		64	80
4.49.00		65	80
4.50.00		64	80
4.51.00		64	80
4.52.00		64	80
4.54.00		66	96
4.54.15	inj. of ½ gr. of pituitary powder	60	108
4.54.30	inj. of ½ gr. of pituitary powder	56	110
4.54.45		57	100
	Animal dies of respiratory failure.		

EXPERIMENT 21. Rabbit; etherized; jugular prepared; vagi cut.

Time, A.M.		Pulse.	Pressure.
9.15.00		55	104
9.16.00		56	105
9.17.00		55	104
9.17.15	inj. of $^1/_{64}$ gr. of pituitary	54	116
9.18.00		53	112
9.19.00		54	108
9.20.00		53	102
9.21.00		54	104
9.21.15	inj. of $^1/_{64}$ gr. of pituitary	52	116
9.22.00		52	112
9.23.00		53	110
9.26.00		53	97
9.27.00		53	98
9.28.00		52	97
9.29.00		51	96
9.29.15	inj. of $^1/_{64}$ gr. of pituitary	50	107
9.30.00		50	106
9.31.00		51	102
9.32.00		51	100
9.33.00		52	98
9.34.00		51	92
9.39.00		50	92
9.40.00		52	92
9.41.00		52	92
9.41.15	inj. of $^1/_{64}$ gr. of pituitary	51	108
9.42.00		50	106
9.43.00		51	95
9.44.00		51	92
9.45.00		51	91
9.46.00		51	94

EXPERIMENT 22. Rabbit; etherized; cord cut above the atlas, all the cardiac nerves in the neck cut, jugular prepared, and tracheotomy performed. Section of cord verified post-mortem.

Time, P.M.		Pulse.	Pressure.
5.00.00		51	6
5.00.15	inj. of ½ gr. of pituitary	50	14

Digitized by Google

5.00.30		47	16
5.01.15		40	13
5.01.30	inj. of ½ gr. of pituitary	37	18
5.01.45		38	20
5.03.00		39	16
5.04.00		34	8

RESPIRATION.

The pituitary increases the rate of respiration. Section of vagi does not alter the result. This gland seems to excite the activity of the respiratory centre.

EXPERIMENT 23. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A M.		Respiration.
9.13.45		94
9.14.00	inj. of $^1/_{32}$ gr. of pituitary	88
9.15.00		110
9.16.00		114
9.17.00		102
9.17.15	inj. of $^1/_{32}$ gr. of pituitary	87
9.18.00		113
9.19.00		118
9.22.00		107
9.23.00		105
9.24.00		81
9.25.00		87
9.25.15	inj. of $^1/_2$ gr. of pituitary	84
9.26.00		122
9.27.00		119
9.28.00		128
9.29.00		116
9.30.00	inj. of $^1/_2$ gr. of pituitary	102
9.31.00		116
9.32.00		126
9.33.00		117
9.34.00		118

EXPERIMENT 24. Rabbit; etherized; jugular prepared; tracheotomy, and vagi cut.

Time, P.M.		Respiration.
4.13.00		60
4.13.15	inj. of $^1/_{32}$ gr. of pituitary	53
4.14.00		64
4.15.00		66
4.16.00		62
4.16.15	inj. of $^1/_{32}$ gr. of pituitary	48
4.17.00		63
4.18.00		62
4.19.00		63
4.20.00		58
4.20.15	inj. of $^1/_{32}$ gr. of pituitary	57
4.21.00		63
4.22.00		59
4.23.00		59
4.27.00		58
4.28.00		57
4.28.15	inj. of $^1/_2$ gr. of pituitary	55
4.29.00		67
4.31.00		72
4.31.15	inj. of $^1/_2$ gr. of pituitary	70
4.32.00		59
4.33.00		50
4.34.00		58
4.35.00		62
4.36.00		52
4.37.00		51
4.38.00		34
4.39.00		36

SPLEEN.

Oliver and Shäfer found that the spleen extract caused first a preliminary fall of pulse, followed by a gradual rise, and this was again succeeded by a slow return to normal.

REFLEXES.

In frogs subcutaneously it causes a diminution of the reflexes. With the whole brain cut off, the same result ensued. The nerve-muscle preparation was not affected by it.

EXPERIMENT 25. Frog; cerebrum ablated; H_2SO_4 reflex.

Time, A M.		Met.
10.00		15
10.01	inj. of 1 gr. of spleen powder	
10.05		34
10.10		44
10.15	does not react to H_2SO_4, but does react to pinching	

EXPERIMENT 26. Frog; cerebrum ablated; H_2SO_4 reflex.

Time, P.M.		Met.
2.29		13
2.30	inj. 1 gr. of spleen powder	
2.35		18
2.40		18
2.45		23
2.50		20
2.55		22
3.00		20

Digitized by Google

EXPERIMENT 27. Frog; brain cut off; H_2SO_4 reflex.

Time, A.M.		Met.
10.40		11
10.41	inj. of 1 gr. of spleen powder	
10.45		10
10.50		9
10.55		8
11.00		11
11.05		10
11.10		9
11.15		9
11.20		12
11.25		12

CIRCULATION.

Large doses depressed the rapidity of the pulse. The pulse-rate was occasionally increased. The pressure was at first depressed and then increased (Fig. 4).

Section of the vagi or the use of atropine did not prevent this slowing of the pulse. As to the rise of arterial tension it ensued after section of the cord between the atlas and occiput. The spleen evidently elevates the blood-pressure by an action on the arteries.

Occasionally, as in Fig. 4, the gland slowed the heart to a considerable extent.

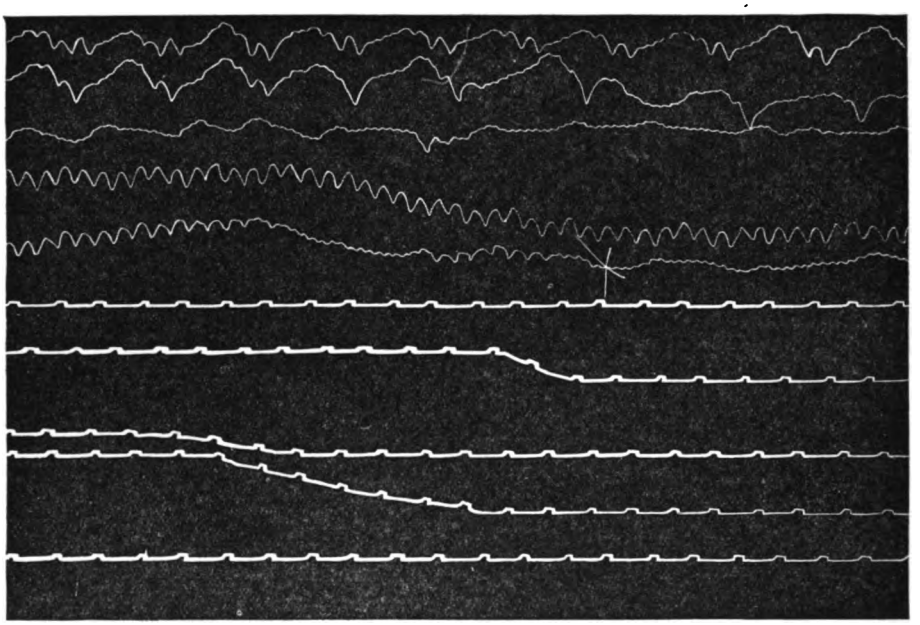


Fig. 4.—Effect on circulation of injection of ½ grain of dried spleen, per jugular, in an animal with vagi divided.

11.30		8
11.35		9

EXPERIMENT 28. Frog; brain cut off; H_2SO_4 reflex.

Time, P.M.		Met.
3.19		11
3.20	inj. of 1 gr. of spleen powder	
3.25		17
3.30		13
3.35		12
3.40		12
3.45	does not react to H_2SO_4 nor to pinching	

EXPERIMENT 29. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
5.00.45		58	90
5.01.00	inj. ½ gr. of spleen	56	106
5.01.15	inj. ½ gr. of spleen	59	96
5.02.45		52	82
5.03.00		59	106
5.04.45		61	100
5.05.00	inj. ½ gr. of spleen	57	110

Digitized by Google

5.06.00		58	100
5.07.00		59	100
5.08.00		63	100
5.09.00		55	102
5.10.00		56	103
5.11.00		57	105
5.12.45		63	108
5.13.00	inj. $^1/_2$ gr. of spleen	62	120
5.14.00		67	108
5.15.00		67	110
5.16.00		70	110

Traube-Hering curves were present throughout the experiment.

EXPERIMENT 30. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
2.00.45		65	86
2.01.00	inj. of $^1/_2$ gr. of spleen	63	94
2.02.00		65	76
2.03.45		63	75
2.04.00	inj. of $^1/_2$ gr. of spleen	58	110
2.04.45		52	104
2.05.00	inj. of $^1/_2$ gr. of spleen	48	114
2.07.00		45	74

EXPERIMENT 31. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
4.00.45		78	120
4.01.00	inj. of $^1/_2$ gr. of spleen	70	130
4.02.00		75	110
4.03.15		70	100
4.03.30	inj. of $^1/_2$ gr. of spleen	67	126
4.05.00		70	90
4.07.00		65	90
4.08.00		66	100
4.09.00		65	110
4.10.00		66	120
4.11.00		65	120
4.11.15	inj. of $^1/_2$ gr. of spleen	60	138
4.12.00			116
4.13.00		67	100
4.14.00		69	96
4.16.00		72	104
4.17.00		74	104
4.18.00		76	110
4.19.00		84	112
4.20.00		70	114
4.21.00		69	110
4.22.00		69	112
4.23.00		69	116
4.24.00		71	116
4.25.00		74	120

EXPERIMENT 32. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
5.00.00		75	82
5.00.15	inj. of $^1/_2$ gr. of spleen	72	85
5.01.00		78	82
5.01.15	inj. of $^1/_2$ gr. of spleen	72	85
5.02.00		72	82
5.02.15	inj. of $^1/_2$ gr. of spleen	75	84
5.03.00			80
5.04.00		76	80
5.05.00		75	80
5.05.15	inj. of $^1/_2$ gr. of spleen		80

EXPERIMENT 33. Rabbit; etherized; jugular prepared; vagi cut.

Time, P.M.		Pulse.	Pressure.
4.00.45		68	121
4.01.00	inj. of $^1/_2$ gr. of spleen	70	150
4.02.00		61	128
4.03.00		59	124
4.04.00		68	120
4.05.00		70	120
4.06.00		70	120
4.07.00		68	118
4.08.00		66	116
4.09.00		64	124
4.10.45		72	122
4.11.00	inj. of $^1/_2$ gr. of spleen	46	144
4.12.00		33	120
4.13.00		75	126
4.14.00		47	110
4.15.00		50	110
4.17.00		32	120
4.18.00		57	120
4.19.00		70	120
4.20.00		72	136

Digitized by Google

EXPERIMENT 34. Rabbit; etherized; jugular prepared; preliminary injection of atropine.

Time, P.M.		Pulse.	Pressure.
4.00.00	inj. of atropine		
4.04.45		74	102
4.05.00	inj. of $^1/_2$ gr. of spleen	72	130
4.06.00		69	106
4.06.45		72	102
4.07.00	inj. of $^1/_2$ gr. of spleen	72	130
4.08.00		72	100
4.11.45		72	90
4.12.00	inj. of $^1/_2$ gr. of spleen	70	123
4.12.45		64	130
4.13.00	inj. of $^1/_2$ gr. of spleen	64	130
4.14.00		62	98
4.18.45		66	108
4.19.00	inj. of $^1/_2$ gr. of spleen	66	144
4.20.00		66	118
4.21.00		57	90
4.22.00	struggles	62	
4.23.00	struggles	53	
4.27.45		65	120
4.28.45		65	114
4.29.00	inj. of $^1/_2$ gr. of spleen	66	130
4.30.00		67	110
4.30.15	inj. of $^1/_2$ gr. of spleen	67	130
4.31.00		65	112
4.32.00		63	111
4.33.00		62	110
4.34.00		65	116
4.35.00		66	114
4.39.00		62	110
4.40.00		62	112
4.41.00	struggles	69	
4.42.00	struggles	78	
4.43.00	struggles	76	
4.44.00	struggles	75	

EXPERIMENT 35. Rabbit; etherized; jugular prepared; cord and vagi cut.

Time, P.M.		Pulse.	Pressure.
4.00.45		59	40
4.01.00	inj. of $^1/_2$ gr. of spleen	62	48
4.02.00		62	46
4.03.00		64	48
4.04.00		68	50
4.04.15	inj. of $^1/_2$ gr. of spleen	67	54
4.05.00		67	50
4.05.45	inj. of $^1/_2$ gr. of spleen	67	50
4.06.00		68	56
4.07.00		66	51
4.08.00		64	46
4.10.45		64	37
4.11.00	inj. of $^1/_2$ gr. of spleen	61	44
4.12.00		63	36
4.13.00		67	36
4.13.45		64	34
4.14.00	inj. of $^1/_2$ gr. of spleen	66	36
4.15.00		55	30
4.16.00		43	26

RESPIRATION.

The spleen increases the respiratory movements. The section of the vagi also permits this increase to take place.

It is evident that the spleen acts upon the respiratory centre.

EXPERIMENT 36. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A.M.		Respiration.
10.02.00		36
10.02.15	inj. of $^1/_2$ gr. of spleen	36
10.02.30		35
10.03.00		43
10.04.00		42
10.07.00		45
10.08.00		47
10.08.15	inj. of $^1/_2$ gr. of spleen	43
10.09.00		42
10.10.00		48
10.11.00		48
10.16.00		48
10.17.00		57
10.18.00		66

Digitized by Google

10.18.15	inj. of 1/2 gr. of spleen	70
10.19.00		64
10.20.00		64
10.20.15	inj. of 1/2 gr. of spleen	67
10.21.00		60
10.22.00		65
10.23.00		64
10.23.15	inj. of 1/2 gr. of spleen	64
10.24.00		52
10.25.00		56
10.26.00		57

EXPERIMENT 37. Rabbit; etherized; jugular and intestine prepared.

Time, A.M.		Respiration.
11.31.00		16
11.31.15	inj. of 1/2 gr. of spleen	16
11.32.00		17
11.35.00		18
11.36.00		17
11.39.00		18
11.45.00		20
11.46.00		19
11.46.15	inj. of 1/2 gr. of spleen	18

EXPERIMENT 38. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, P.M.		Respiration.
3.00.00		32
3.01.00		29
3.02.00		30
3.03.00		32
3.03.15	inj. of 1/2 gr. of spleen	32
3.03.30		32
3.04.00		26
3.05.00		30
3.06.00		29
3.10.00		26
3.11.00		27
3.11.15	inj. of 1/2 gr. of spleen	23
3.12.00		23
3.13.00		26
3.14.00		26

TEMPERATURE.

In all experiments upon temperature the animal was permitted to run about. The spleen when administered subcutaneously increased the temperature.

EXPERIMENT 39. Rabbit; etherized; drug administered subcutaneously.

Time, A.M.		Temperature.
10.53		101.7°
10.58		102.2°
11.05	inj. of 1 gr. of spleen	
11.10		102.6°
11.20		102.6°
11.25	inj. of 1 gr. of spleen	
11.30		102.6°
11.40		102.8°
11.50		102.8°
12.00		102.7°

EXPERIMENT 40. Rabbit; drug administered subcutaneously.

Time, P.M.		Temperature.
3.05		102.2°
3.10		102.6°
3.14	inj. of 1 gr. of spleen	
3.19		102.8°
3.27		102.9°
3.35		103.0°
3.45		103.0°
3.55		103.7°

(To be continued.)

ASEXUALIZATION AS A PUNISHMENT FOR RAPE.

BY J. A. DE ARMAND, M.D.,
DAVENPORT, IOWA.

LAST winter, according to reliable report, the legislature of Kansas undertook to seal the doom of the rape-fiend by proposing to enact castration, instead of confinement or hanging, as the legal punishment for rape. From time to time it has seemed wise for medical writers to indorse this new departure of the rural law-makers. Like most questions concerning the making and modifying of laws, there are several sides to this question, and before the medical profession rushes into a wholesale indorsement of the proposed plan it would be well to inquire into the facts involved and see if the step is likely to be forward or backward.

The fact that there is not the least bit of justification in the acts of the rapist withdraws from him all pity and all sympathy. The murderer who even alleges a wrong or magnifies the semblance of a wrong will secure a measure of sympathy from those who were at enmity with the victim of his deadly aim; but the rapist gets no sympathy, for none disputes the meritorious—even if awful—death that so often is the

Digitized by Google

fate of the rapist caught red-handed. Even those who most disapprove of lynch-law offer few arguments against it in these cases. And the fact that summary vengeance is so regularly the fate of rapists is the chief argument used by those who would make castration the remedy. The fact that outraged and excited populaces take matters into their own hands and serve out justice with the bark on is a most unfortunate occurrence, and the fact that a wretch is found in any community who will commit so heinous a crime as rape is only added to by that other fact that people allow their passions to run away with their judgment to the extent that a lynching with attending acts of barbarism reaching even to the burning pile and the fagot, is the rule. Both acts are lawless, and, until it is clearly a contest between lawlessness and law-abiding, the even tenor of the law, devious and unaccountable as it often is, should not be interfered with. But the proposed legal disposition of the matter, it is said, is made to obviate the lawless acts which even the conduct of the rapist does not justify. This is a consummation devoutly to be wished for, and if it is a remedy let us embrace it. But first let us look at it in the light of fact, and see if it bears the imprint of probability.

In the first place, the legal body that proposes to fix things is of the opinion that to castrate a man is to do him a service that will not only render him a safe member of the community, but will also make him a sufferer while he lives. This shows the ear-marks of a revengeful Indian trait so clearly that it does not call for much analysis. No one who has given the subject any thought will dispute the truth of this assertion. Then, the motive is hardly altogether one loaded to the guards with philanthropy. But, for the time being, let us grant this claim. Yet, will it subserve the intended end, even if it is true, and will the simple fact that the rapist will suffer his loss all his life, that his kind will die out, and finally that his desire for sexual congress is removed, satisfy the wild mob that hunts with dog and gun the human fiends? Will the mob quietly disperse when some self-appointed surgeon mutilates the rapist to the tune of the moaning pines and the howling of an angry mob? I do not believe so. But, suppose the sight of a return to primitive surgery less anæsthetic attendance should appease the wrath of the mob, what of the victim of the assault and her friends and relatives? Would they not demand the blood of the wretch as part payment for a wrong that nothing could undo? If a better encouragement for systematic assassination could be conceived, I would like to hear about it.

Then, if castration would accomplish all that its most urgent advocates claim for it, namely, render the rapist a safe, suffering mortal with every hand a menacing one raised against him, and with a tendency to commit murder on the part of the friends of the victim, of what avail would be the law? What would it accomplish that is not now done? When every murderer knows that he must suffer the penalty and that penalty is made commensurate with the crime, then we have done about all we can do to prevent murder. Dare-deviltry and the hope that clemency may save them encourage many to acts of lawlessness; but, while we may deplore the loop-holes of law, we must not, as a humane and progressive people, advocate a fiendish punishment under the gauzy covering that it is a good thing because its provisions meet the approval of those who do not want to be humane, but do want to be vicious and brutal. No one has any apology for the rapist, but the laws of the land will care for and expiate his crime. More's the pity, law seldom gets a chance.

My objection to the Kansas Solons' latest legal monstrosity is that it is unpromising of limiting the crime of rape or of making less common the lynching that is often no less horrible than the act of the victim of a crazy mob's fury.

In any event, an anxious public will await the solution of the hog-cholera reign, the disposal of the gentlemen who safely place gold bricks and greenbacks with sawdust stuffing, and the final *quietus* of the

Digitized by Google

lightning-rod peddler at the hands of the rural legislatures, before it will clamor for a new means of disposing of the rape-fiend.

ADVANTAGES OF THE PINELLAS PENINSULA.

By George A. Hewitt, M.D.,
PHILADELPHIA.

The Pinellas Peninsula offers several inestimable advantages to settlers. Its climate is beneficial to many kinds of disease. The cost of living is low. There is abundant opportunity for out-door physical exercise. Rest, labor, and sport can be enjoyed in the open air. The invalid may rest upon the porch or in a hammock, the more vigorous may cultivate the ground and engage in every variety of sport from the gentlest to the rudest. There are numerous chances for profitable investment. At St. Petersburg is a field for the development of manufacturing industries. The country is richly endowed by Nature and is capable of giving sustenance and employment to a large population. The possibilities of St. Petersburg as a mart and a port are undeniable. In that city parents may procure good education for their children. The social amenities of St. Petersburg and Tarpon Springs are most agreeable. At Tampa the visitor may enjoy the public entertainments which belong to large cities. The naturalist can find pleasing occupation for every hour of the day. The geology of this as of other parts of Florida is of special interest.

To the jaded resident of our larger cities the climate and repose of the Pinellas Peninsula is of peculiar benefit. The appetite soon begins to improve, digestion is strengthened, insomnia vanishes, the nervous system regains vigor, and muscular power and mental equilibrium are restored. Functional nervous disorders are notably relieved by a sojourn in this locality. Chronic rheumatism, with its multifarious consequences, is also materially alleviated by the genial atmosphere.

In scrofula and the early stage of consumption great benefit accrues. This class of patients would do well to arrange for a permanent residence upon the peninsula. Land may be purchased upon convenient terms and the soil will yield plentiful returns to their labors. Activity, without excessive fatigue and anxiety, will arrest the progress of the disease. Nutrition will be improved, strength will be gained, and life will again be worth living.

Numerous affections of the skin are caused by scrofula, tuberculosis, rheumatism, gout, and disturbances of the nervous or digestive systems. Many of these cutaneous maladies are difficult to cure by ordinary means, and yield much more rapidly to the influence of a favorable climate than to medicines. A season spent upon the Pinellas Peninsula has proved beneficial in many rebellious cases.

A visit to this neighborhood brings recuperation to those convalescent from severe acute diseases.

There is an interesting class in whom a residence in this part of Florida would be instrumental in building the basis of a sound constitution. I refer to weakly children, of whom so many myriads exist in the crowded cities of the North and East. They are of slender frame, their muscles are lax, they are pale, have a feeble and capricious appetite, are neurotic and ill fitted to succeed in the struggle for existence. They are easily subject to catarrhal disorders. Many are frankly scrofulous and predisposed to consumption. Others, though feeble, are afflicted with no definite disease. Such unfortunate children would receive incalculable benefit from a prolonged residence in a country-home. In such a balmy climate they could spend their days in the open air. By no other means could they receive so much improvement. To remain under their native conditions means early death to most of these little ones. Transportation to a healthy rural abode, with permission to roam the fields and woods or play about the houseyard, according to their age and strength, would undoubtedly preserve a large proportion to lead lives of average length, strength, and usefulness. Recreation would to these children prove almost literally re-creation. There are innumerable parents whose cir-

Digitized by Google

cumstances would permit removal to the Pinellas Peninsula for the welfare of their offspring. Their affection would have as its foremost object the physical welfare of their children, and this it would, in most instances, obtain. Incidentally an additional reward would be theirs in the increased vigor which they themselves would gain.

In these times and in this land men's minds have become inordinately possessed with a fascination for city-life. The farmer's boy looks with longing eyes to the great cities. Country youths rush, by the tens of thousands, to cities in order to seek their fortunes. Where one succeeds hundreds fail. Many succumb to unaccustomed temptation and fall by the wayside. Among those who achieve success, so great is the continued tension, so exhausting the strained energy, that it may be seriously doubted whether a more secluded, but peaceful, life upon their native acres would not have brought more happiness.

Tossed in the maëlström of city-life and strife, there are seasons when a resort to the Pinellas Peninsula might be to businessmen the greatest boon on earth. Often we see it to be the case that such men, simply and oftentimes roughly reared in their country-homes, produce children, who, brought up tenderly under different conditions, are, compared with their fathers, like hot-house flowers. The father is rugged, the children frail. In his affectionate anxiety to spare his children the hardships of his own youth the father forgets that those very hardships were the source of his strength. The children are pampered and they do not thrive. Transplant them to a country place and a mild clime and they will soon take on a more vigorous growth. The region adjoining Tampa Bay enjoys a lovely climate, sufficiently mild to permit out-door life to delicate persons, but not warm enough to engender languor. This feature is of value, also, to patients suffering from Bright's disease. The functions of the skin are promoted and arterial tension in the kidneys is reduced.

Abrupt changes of temperature, frosts, and cold gusts are almost unknown upon the Pinellas Peninsula. For these reasons it is a salubrious residence for patients suffering from most forms of chronic disease. It surpasses most health resorts in the universality of its healing power.

Abstracts.

Acute Abscess of the Anterior Half of the Tongue.

Dr. Morisot draws the following conclusions from his study:—

1. Among cases of suppurative glossitis are a certain number which are worthy of being studied separately,—viz., abscesses of the anterior half of the tongue.

2. These may be divided into two groups: (*a*) Abscesses distinctly circumscribed (the author reports a case observed in the clinic of M. Moure). (*b*) Suppurative and generalized glossitis of the anterior half, by the side of which variety is placed suppurative hemiglossitis.

3. The affection is rare.

4. The causes are injuries, scratches by shell-fish, bites, etc. They may also, however, fall under the group called idiopathic.

5. They do not cause dyspnœa or dysphagia like total glossitis.

6. Their prognosis is favorable. Gangrene is a possible termination in diabetics.

7. The diagnosis is generally easy. They have, nevertheless, been confounded with cysts and syphilitic gummata.

8. The treatment is by means of buccal antisepsis if there is hope of resolution, and, if pus forms, by incision.—Revue Hebdomadaire de Laryngologie, etc.

Serous Meningitis in the Course of Acute Otitis.

At the Twelfth International Medical Congress, Dr. Jansen read a paper upon the above subject, in which he stated that the causes of subarachnoid exudations are the following complications of otitis media: (1) phlebitis of the sinuses; (2) extradural abscess; (3) purulent focus in the temporal bone (vestibule and semicircular canals).

In the author's twelve cases of serous arachnoiditis eight were due to the last-

Digitized by Google

named cause. The author has convinced himself, from an abundance of material, that almost all cases of arachnoiditis have been observed after trephining. It is only after operation that cerebral or spinal symptoms are observed, such as rigidity of the neck, vertigo, headache, vomiting, frequent or slow pulse, fever, optic neuritis, rigidity of the back, etc. Cure is only obtained after removal of the cholesteatoma or pus from the labyrinth. The disease of the labyrinth may extend to the meninges covering the spinal cord by the under surface of the brain, leaving slight traces upon the cerebral meninges. Lumbar puncture shows an increase of pressure in the cavity of the vertebral canal, while in the cranial cavity there is only an œdema of the arachnoid. The diagnosis is often very difficult in the beginning of the malady. The comparatively benign course of the affection and moderate fever warrant us in suspecting serous meningitis. A slow, moderate, and graduated elevation of the temperature indicates serous meningitis, while a sudden and very pronounced elevation rather points to suppurative meningitis. The differential diagnosis is certain only after lumbar puncture. The presence of diplococci aggravates the prognosis. The certain diagnosis of intracranial disease is possible after opening of the mastoid process and posterior fossa of the skull. When the existence of extradural abscess can be excluded, a serous meningitis may be suspected. Œdema of the papilla is suggestive of cerebral abscess, optic neuritis of serous meningitis. Lumbar puncture has no therapeutic value; incision is of more benefit. In most cases removal of the purulent focus, which is found independent of the membranes, gives good results.—Revue Hebdomadaire de Laryngologie, etc.

Complications of Dysentery.

Being an infectious disorder, dysentery may present complications analogous to those observed in various microbian pyrexias. As a contribution to the study of these complications, which are still imperfectly known, F. Zagato reports three interesting cases encountered by him during a severe epidemic of dysentery which raged in a small borough in the valley of the Po. The patients had suffered from severe attacks. One, on attempting to rise, noticed that he could scarcely raise his right arm. Several days later the loss of power was complete and presented the form of a paralysis having all the characteristics of an infectious peripheral monoplegia. It disappeared a month after convalescence.

Both the other patients were seized by acute nephritis with excessive albuminuria and multiple œdema, the nephritis beginning, as in scarlatina, with the decline of the original disease. Cure took place under the influence if an appropriate *régime*.—Le Bulletin Médical.

Secondary Cancer of the Heart.

M. Audry has reported an interesting case to the Society of Medical Sciences of Lyons. The case was one of cancer of the heart secondary to a primary cancer of the gall-bladder. At the autopsy two tumors, the size of a walnut, were found near the apex: one upon the anterior and the other upon the posterior surface of the left ventricle. They had produced no clinical symptom. The cardiac sounds had been dull, but there had been no disturbance of rhythm or abnormal sounds.—La Médecine Moderne.

Nervous Disorders in Diabetic Women.

M. Rendu describes the case of a woman, 53 years of age, in whom there had been present for eighteen months Heberden's nodes upon the last phalanges of the fingers: a sign of gout. In March, 1896, she suffered from a sudden apoplectiform attack, accompanied by loss of consciousness for two hours, but not followed by paralysis. In November, 1896, there occurred a second apoplectiform attack, which was succeeded by a general debility. From the last attack dated an occipital headache without nocturnal exacerbations, intermittent at the beginning, but becoming continual; pains radiating to both lower lims, occurring

Digitized by Google

abruptly, sometimes assuming an explosive character, but not increased by walking; a considerable failure of sight in consequence of an old, progressive myopia, with an acuity of vision varying from one day to another, and periorbital pains aggravated by pressure. The heart seemed healthy and the lungs intact. There was no locomotor ataxy and no characteristic gait. Romberg's sign, muscular atrophy, and affection of the fundus of the eye were all absent. There was no abolition of the patellar reflex nor was the sign of Westphall present.

The hypothesis of cerebral tumor was rejected, since there was no vomiting, vertigo, convulsion, local paralysis, or papillary œdema. The absence of the usual stigmata of hysteria sufficed to exclude the influence of that neurosis.

Examination of the urine had shown from the first—in March, 1896—the existence of sugar, from 67 to 43 grammes (1034.6 to 664 grains) in twenty-four hours. The interest of this case of diabetes is in the predominance of nervous phenomena, and especially the occurrence of apoplectiform attacks and persistent occipital headache in a certain relation with almost absolute blindness from lesion of the optic centres, which were localized, by the researches of Perier, in the occipital region.

The second patient, aged 60 years, was a strong woman, who seemed to be in very good health, giving a history only of a rather acute rheumatism, from which she had suffered fifteen years previously, and of an accidental discovery, twenty months previously, of sugar in the urine (60 grammes per litre—about 33 grains to the fluid-ounce). She had fixed ideas and disgust for certain foods; complained of vague pains in the breast, not situated at the classic points of intercostal neuralgia. Examination of the viscera demonstrated their absolute integrity.

M. Rendu insists upon these painful manifestations which often exhibit a remarkable symmetry and thus prove their central origin. They sometimes assume the form of cardiac palpitation, of pseudo-angina or intermittent tachycardia.

These symptoms are principally observed in gouty or arthritic subjects of diabetes.

The prognosis should be reserved especially in the first case. The blindness is curable, but the apoplectic seizures may return and diabetic coma may develop. It is not against the glycosuria that the treatment should be directed, but against the condition of the nerve-centres. Blisters to the back of the neck, leeches, the administration of potassium bromide or valerian and antipyrin are indicated.—La Médecine Moderne.

Ocular Complications in Erysipelas.

M. Ramirez thus divides the ocular complications of erysipelas:—

I. Complications Which Involve the Annexes of the Eye.—In the decline of an erysipelas there may sometimes be observed upon the eyelids a slight or considerable œdema, with or without erysipelas vesicles, often followed by desquamation and loss of the lashes; at other times abscesses, which may leave vicious cicatrices, and these may cause ectropion; again, diffuse phlegmons, with gangrene, may occur. Blepharitis with mydriasis has been observed to follow erysipelas, as also chronic œdema and one case of paralysis of the orbicularis.

Acute conjunctivitis sometimes occurs and, according to certain writers, may be the point of departure of attacks of chalazions.

The lacrymal passages are attacked by slight catarrh. In certain cases the infection excites purulent dacryocystitis with or without abscess.

When the infection is transmitted from the face to the retro-orbital cellular tissue or to the meninges and brain by way of the veins and lymphatics of the parts, plegmon or meningo-encephalitis may occur. Meningo-encephalitis causes death, and phlegmon, in the absence of resolution, is followed by incurable lesions, such as optic atrophy, retinal hæmorrhages, and thrombosis and embolism of the central artery of the retina.

II. Complications Which Attack the Eyeball.—Among the lesions of the coats of the

Digitized by Google

eye are a somewhat special keratitis, abscesses of the cornea sometimes terminating in ulcers with hypopyon, and paralysis of accommodation.

The deeper coats are the seat of choroiditis often accompanied by iritis. In unfavorable cases purulent iridochoroiditis may take place. Finally, retinal hæmorrhages have been reported, thrombosis and embolism of the central artery of the retina, atrophy of the optic nerve, and some cases of glaucoma.—La Médecine Moderne.

Pathological Relations Between the Nose and Eyes.

M. A. Castex writes that, if the nasal fossæ may be the cause of numerous ocular affections, the contrary is rarely observed. He describes the case of a patient attacked by atrophic rhinitis and at the same time by amaurosis due to atrophy of the papillæ. All would be explained if rhinoscopy showed, for example, an affection of the sphenoidal sinus compressing the chiasm of the optic nerves or the base of the skull. No lesion of the kind, however, was discovered, and the connection between the two maladies is unknown. Affections of the nasal fossæ may be complicated by various ocular lesions. Acute rhinitis occasions dacryocystitis, conjunctivitis, and orbital abscess. Simple hay fever exhibits an oculo-nasal variety. Generally, however, acute rhinitis causes nothing more than pain in the eyes. Chronic hypertrophic rhinitis, so rich in various reflexes, is sometimes accompanied by dacryoconjunctivitis, phlyctenular conjunctivitis, spasmodic astigmatism, myopia, asthenopia, cataract, and even exophthalmic goitre.

Atrophic rhinitis produces a special dacryocystitis and sometimes a partial optic neuritis. It aggravates wounds of the cornea, which must be protected in every way against infection of nasal origin. Various diseases of the nose, and in particular mucous polyps, determine different ocular reflexes. The same is true of intranasal operations and even of galvano-cauterization.

Affections of the sinuses play a predominant part, which is explained by the fact that the orbit is surrounded in all its parts by those cavities. Empyema of the maxillary sinus pushes the eye upward, produces tumefaction of the lower lid, chemosis, iritis, and exophthalmos. It is more difficult to interpret orbito-facial neuralgia, paralysis of the third pair, and atrophies of the optic nerve. Diseases of the frontal sinus are well known to oculists, as is also sphenoid and ethmoid sinusitis (photophobia, blepharospasm, periorbital neuralgia, optic neuritis, scotoma). The mode of causation of these accidents is sometimes very simple,—as, for instance, in cases of infection of the eye through the lacrymo-nasal canal. The vascular theory of Ziem is based upon the connections between the circulation of the eye and nose. A stasis in the nasal fossæ gradually arrests the circulation in the orbit and eyeball. By relieving the nose, the circulation of the eye is re-established. The nervous theory of Berger is founded upon irritation of the terminal branches of the trigeminus. All these hypotheses have an individual value. In cases of ocular troubles, also, it is often necessary to examine the nose, and make use of cocaine in order to learn whether it abolishes the reflexes.—Revue Internationale de Rhinologie, etc.

Laryngeal Lesions of Locomotor Ataxy.

M. Déjerine, at the Salpêtrière exhibited a male patient, 41 years of age, who displayed a complete typical picture of locomotor ataxy, the first symptoms of which began ten years ago. Falling of the teeth without pain or apparent lesion has been described. This manifestation was very well exemplified in the case. Within the space of twenty days the patient had extracted with his fingers twenty-four teeth. But one molar was left on the right side of the lower jaw. M. Déjerine again called attention to the frequency of laryngeal lesions in tabes. In almost every case he detects paralysis of the vocal cords, indicated by violent attacks of coughing followed by a sense of suffocation. Laryngo-

Digitized by Google

scopic examination has shown, in the case presented, paralysis of the left vocal cord. —La Médecine Moderne.

Therapeutic Notes.

Protargol.

Prof. A. Neisser, of Breslau, writes: "I am in the fortunate position of being able to recommend a superior remedy: a new silver combination prepared by the Farbenfabriken vorm. Friedr. Bayer & Co., of Elberfeld, known as protargol.

"Protargol contains 8 per cent. of silver. It is a chemical combination of silver with a proteid, and forms a yellowish, fine powder, which is readily dissolved in cold or warm water by shaking. The solution does not become turbid when strongly heated.

"Its essential property is that the watery solution is not precipitated by albumin, dilute sodium chloride solution, dilute hydrochloric acid, or soda lye. Concentrated hydrochloric acid produces a precipitate, of protargol itself,—not of chloride of silver,—which redissolves on addition of a large quantity of water.

"Protargol is far superior to argentamine, which is next in order of prominence, in that the solutions commonly employed and extremely effective of the strength of ¼, ½, and 1 per cent. but rarely produce slight irritation, which is practically without any significance whatever.

"Protargol permits of a still further modification in the treatment of gonorrhœa, which appears extremely effective. It is possible to prolong the period of its action upon the mucous membrane, without the fear of a weakening of the concentration or a diminution of its deep effect in consequence of some process of chemical decomposition.

"Prolongation of the action of a medicament must appear useful under all circumstances. It is certainly better to extend the time of a single injection to thirty minutes and to spare the patient the frequent repetition of injections.

"Our procedure is as follows: Determination of the presence of the gonococcus; immediate resort to injections; the injections are made three times daily. At two of the three injections the fluid is allowed to remain for five minutes in the urethra; at the third, for thirty minutes. It is advisable to commence with a ¼-per-cent. protargol solution and rapidly increase the strength to ½ or 1 per cent.

"Summarizing the experience obtained up to this time in my clinic, polyclinic, and especially in my private practice, I am impressed with the idea that I have never observed such uniformly good and reliable, as well as rapid, effects as from the use of protargol."

Strontium and Its Salts.

From a paper having the above title and read by Dr. Alexander B. Briggs before the Washington County (R. I.) Medical Society we extract the following:—

"When I have prescribed these remedies I have always used the pure salts (Paraf-Javal) or their solutions prepared by P. Chapoteaut, of Paris.

"Bromide of strontium is not incompatible with the bromides of the alkalies, and it is soluble in both water and alcohol; it can be administered with all the alcoholic tinctures and most fluid extracts. Its indications for use are those of bromide of potassium, and, while it is a perfect substitute for the potash salt, its prolonged use even in large doses does not seem to produce the untoward results so often noticed in the use of the former salt.

"In cases of epilepsy and other spasmodic neuroses, where the potash salt has been given for a long time, the patient thereby becoming insusceptible to its action, the strontium salt may be substituted with safety and great advantage.

"In many diseases of the stomach, the bromide salt will be found of especial benefit. In three obstinate cases of vomiting of pregnancy in which I have prescribed the drug during the past year, two received signal benefit.

"In one case of hyperæsthesia of the

Digitized by Google

stomach that accompanied and followed ulceration for several weeks after I was satisfied the ulcer had healed, the neuroses promptly yielded to 10-grain doses of the drug, given one-half hour before food, and there was no return of this most distressing symptom.

"A patient, suffering from exophthalmic goitre about a year ago, consulted a specialist in regard to a severe tinnitus aurium from which she had suffered; bromide of potassium was prescribed in full doses. At first the patient seemed to get some relief from the remedy and it was continued for several months; during this time the patient developed severe mental excitement with true delusions. Suspecting the remedy, it was discontinued and in a few days the mental excitement subsided, with a marked increase of the tinnitus. At this time strontium bromide was substituted with full as good effect upon the symptom, and the patient has continued to take it during the past three months, with no return of the mental excitement; the delusions continue, however.

"Iodide of strontium is an excellent tonic and alterative and may with safety be prescribed in any case where the potash salt is indicated. In quite an extended use of the drug I have never known it to induce the gastric irritation or palpitation of the heart so common in the administration of iodide of potash in full doses. Its effects in catarrhal asthma, chronic bronchitis, and cardio-pulmonary affections have been most satisfactory. The drug is quickly eliminated by the kidneys, the strontium seeming to supplement the action of the iodine by its own peculiar action on the functions of nutrition.

"Strontium lactate has often been prescribed for Bright's disease both in acute and chronic forms, with excellent results. The remedy can be administered for a long time continuouly with no bad effects.

"In two cases of albuminuria of pregnancy, in which I have made use of the lactate, the most gratifying results have followed. In one case where there was severe headache, insufficient urinary discharge, general dropsy, and the symptoms of uræmia present, and where diuretics, purgatives, and diaphoretics had signally failed to give relief, the lactate was substituted in 15-grain doses every four hours, with a marked diminution of all the symptoms and with a decrease of more than one-half the amount of albumin excreted within forty-eight hours. The improvement in the general condition of the patients was noted from the beginning of the treatment.

"In several cases of cystitis in the aged, due to hypertrophy of the prostate, the drug was given in connection with buchu, with marked amelioration of the symptoms. Although the lactate does not seem to possess any diuretic properties, nevertheless its action upon the urinary organs seems to be salutary in the extreme.

"If we have, in the strontium salts, remedies that can be used in full doses and for a long time without the unfortunate effects that sometimes follow the use of the potash salts, it behooves us to give our patients the benefit of the fact."

Dysentery of Children.

M. T. Guida prescribes the following suppositories:—

℞ Neutral sulphate of aluminum and potassium, gr. iij.
Acetate of lead, gr. ¾.
Cacao-butter, ʒv.
Melted wax, gtt. xx.

Mix and make into ten suppositories. Introduce a suppository every three or four hours.—Le Progrès Médical.

Acute Coryza.

The following application will be found useful in acute coryza:—

℞ Chloral, gr. viij.
Castor-oil, ℥ss.—M.

Smear over the nasal mucous membrane after preliminary cleansing of the surface. —Practitioner.

Urticaria.

Dr. Bernard Wolff, of Atlanta, Ga., says, in the Journal of the American Medical

Digitized by Google

Association, that he used with uniform success phosphate of soda.

"In acute cases in adults my plan is to give drachm doses of a supersaturated solution of phosphate of soda,—*i.e.*, 60 to 80 grains to the drachm, the salt being dissolved in its own water of crystallization. This is to be repeated every three hours, and in addition the following antipruritic lotion is recommended:—

℞ Pulvis calamin.,
Zinc. oxid., of each, ʒiss.
Acid. carbolic., ʒss.
Aq. calcis, ʒij.
Aq. rosæ, ad ʒiv.—M."

Gonorrhœa.

As a final injection when nothing but the slight muco-serous discharge, or "tear," as it is called, is visible, the subgallate of bismuth combined with sulphate of zinc proves very satisfactory, according to the formula:

℞ Bismuth subgallate, 1 drachm.
Zinci sulphatis, 18 grains.
Aquæ calcis, 6 ounces.

Use after urination thrice daily.—Dr. John Howard, in American Practitioner and News.

Rhus Tox. Dermatitis.

Dr. F. H. Beadles, of Richmond, Va., in the American Journal of Dermatology and Genito-Urinary Diseases gives the following formula:—

℞ Menthol, gr. xv.
Fld. ext. grindelia robusta,
Tr. lobelia, of each, ʒj.

M. Sig.: Apply locally every four hours —after alkaline bath.

Tannochloral in Seborrhœa.

Captol, a combination of chloral and tannin, is an hygroscopic powder, of a dark-brown color; slightly soluble in cold water, more soluble in hot water and alcohol, and decomposed by alkalies. According to La Médecine Moderne, this combination is valuable in seborrhœa. It is employed in the form of a 2-per-cent. alcoholic solution, of which a few drops are added morning and evening to the water with which the scalp is washed. Generally, at the end of eight to twelve days the crusts fall, the secretion of the sebaceous glands diminishes, and the hair ceases to fall.

Compound Tincture of Benzoin in Enteric Fever.

Dr. James C. Potter, of Spennymoor, Durham, writes to the British Medical Journal as follows:—

"Lately I have had under my care several cases of enteric fever with excessive diarrhœa. I have in these cases tried a mixture of compound tincture of benzoin and water with marked success. I start by giving a dose of 5 minims of the tincture every two hours, and if the diarrhœa does not decrease in twelve hours I then double the dose. In all the cases after twenty-four hours' administration I have found marked benefit; the diarrhœa decreases, the stools are not so offensive, the temperature is decidedly lowered, and the patient feels very much more comfortable. I attribute the success in these cases to:

"1. The internal antiseptic property of the drug.

"2. The mixture forming a protecting coat to the inflamed bowel.

"3. The antipyretic action of the drug."

Hyperidrosis.

For sweating of the axillæ the following formulæ will be found useful:—

℞ Tannin, 20 grains.
Pure terebene, 2 drachms.
Absolute alcohol. q. s. ad ½ ounce.

℞ Tannin, 20 grains.
Oil of pumilio pine, 2 drachms.
Absolute alcohol, q. s. ad ½ ounce.

Either of these may be used freely night and morning, or as often as may be found

Digitized by Google

necessary.—Dr. William Murrell, of London, in the Medical Brief.

The Dangers and Uses of Erythrol-tetranitrate.

We have received from Messrs. Burroughs, Wellcome & Co., a detailed account of the circumstances attending the fatal explosion of erythrol-tetranitrate, which occurred at their works at Dartford. It appears that the deceased—a qualified chemist—was engaged in stirring together in a mortar a mixture of erythrol-tetranitrate and lactose, presumably for the purpose of making tabloids. The quantity of the active drug served out to him was four ounces, and there is reason to believe that the dangerous nature of the combination was fully explained to him at the time by the chief of the department. The explosion was violent, but its effects were, fortunately, local. The jury returned a verdict of "accidental death," and passed a resolution expressing their appreciation of the facilities placed at their disposal by the firm for investigating the circumstances of the case. For much of our knowledge of the physiological action of erythrol-tetranitrate and its congener, mannitol-hexanitrate, we are indebted to Professor Bradbury, of Cambridge, who gave some account of the pharmacology of these substances, based chiefly on a series of experiments made by Mr. Marshall, M.B., in Professor Schmiedeberg's laboratory at Strassburg. Erythrol-tetranitrate is solid and crystalline, and melts at a temperature of 61° C. (142° F.). When pure it is colorless, and if kept in a dark and moderately cool place is fairly stable. If exposed to warmth, and especially sunlight, it rapidly undergoes decomposition, turning yellow and giving off nitrous fumes. Its solubility in water is slight, but it dissolves readily in alcohol and in ether. It is a vasodilator and belongs to the group of which glycerol-trinitrate, known familiarly as nitroglycerin, may be regarded as the typical representative. Blood-pressure experiments show that the nitrates of erythrol and mannitol have a less marked, but more prolonged, action than those of glycerol and glycol. On theoretical grounds, it might be supposed that the new remedies would be useful in the treatment of cardiac pain, Bright's disease, migraine, and Raynaud's disease, but, as far as we have been able to learn, there has been very little demand for them. Professor Bradbury, in a letter, states that he is able to speak very highly of its therapeutic properties in warding off attacks of angina pectoris. Dr. Garraway mentions the case of a gentleman who has derived immense relief from its use, and won long periods of complete immunity. Dr. Bradbury, in the lecture to which reference has been made, stated that the dose of the solid organic nitrates was a grain, but that more might be given if thought necessary. He suggested that they should be taken in the form of pills or tablets or in alcoholic solution. There is now, unfortunately, very little doubt that these new organic nitrates cannot be handled with impunity in any form in which trituration is necessary. They, in common with many other nitrates, were known to be explosive, but that they would develop such activity by being merely gently stirred with lactose could not have been foreseen, although Professor Bradbury in his letter expresses the opinion that mixture with some readily oxidizable substance might increase the liability to explosion.—British Medical Journal.

Treatment of Chilblains with Chlorinated Lime.

According to C. Binz, this substance passes through the epidermis and soothes the inflammation beneath, applied in a salve gently rubbed in for five minutes at bed-time and covered with an impermeable bandage:—

℞ Calcar. chlorat., 1 part.
Unguenti paraffini, 9 parts.

M. ft. unguent. subtiliss. D. in vitro fusco.

For external use. This salve has often cured the obstinate and disfiguring redness

Digitized by Google

of the tip of the nose in women during cold weather. The chlorinated lime must be fresh and effective and the salve smell strong of lime, otherwise it is worthless.—Journal of the American Medical Association.

For Inhalation in Catarrh of the Upper Air-passages.

Kafemann recommends as extremely effective the following combination:—

℞ Menthol, 4.
Eucalyptol, 2.5.
Turpinol, 2.
Essence of pine, 1.—M.

A few drops of this liquid are poured into a bottle, which is warmed over an alcohol flame. Balsamic vapors immediately fill the bottle and these the patient inhales through a tube.—Journal of the American Medical Association.

Prophylaxis of Chapped Hands.

After washing the hands with non-irritating soap, rub in the following lotion and allow it to dry on the hands. It is especially recommended to physicians and surgeons:—

℞ Alcohol, 80 grammes.
Glycerin, 35 grammes.
Rose-water, 30 grammes.
Salol, 2 grammes.
Tincture of musk, 2 drops.

—Journal of the American Medical Association.

To Avoid Iodism.

Spencer's combination is

℞ Potass. iodid., 30.
Ammon. ferrocitr., 4.
Tr. nucis vom., 8.
Aq. dest., 30.
Tr. cinchon., 60.

M. Sig.: Teaspoonful in half a glassful of water after each meal.—Medical Record.

Blood Treatment.

Dr. E. H. Pratt, of Chicago, has reported a number of cases in which the local application of bovinine in full strength proved beneficial in varicose ulcers, gangrenous conditions, plastic operations, and gynæcological operations.

Neuralgia.

Sabbatini orders for topical use

℞ Menthol.,
Guaiacol., of each, 3j.
Alcohol absolut., 3xviij.—M.

—Medical Record.

Acute Gastritis.

A prescription of Dr. Pepper's is

℞ Vini ipecacuanha,
Tr. nucis vom., of each, 3j.

M. Sig.: Two drops in water every two hours.—Medical Record.

Lupus Erythematosus.

Dr. Block obtained a good result from the local use of

℞ Oil of cade, 5 parts.
Zinc oxide,
Green soap, of each, 10 parts.
Vaselin, 35 parts.—M.

—New York Medical Journal.

St. Petersburg Ophthalmological Society.—The Minister of the Interior has confirmed the constitution of a new medical society, to be called the St. Petersburg Ophthalmological Society. Ex-Professor Dobrovolski has been elected president of the new society; Professor Belliaminof is the vice-president, and Drs. Gagarin and Sergief the secretaries.

St. Louis Laryngological and Otological Society.—The St. Louis Laryngological and Otological Society was formed on December 27, 1897. It is composed of those physicians of St. Louis who limit their practice to the treatment of diseases of the nose, throat, and ear. Dr. J. C. Mulhall was elected President; Dr. J. B. Shapleigh, Vice-president; Dr. F. M. Rumbold, Secretary; and Dr. A. S. Barnes, Jr., Treasurer, for the year 1898. Meetings will be held monthly.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Feb., 1898.

NASAL HYDRORRHŒA.

This affection, concerning the cause and significance of which different views have been held by authors, is the subject of an interesting communication by Dr. Jankelevitch, of Bourges.* In most of the text-books it is but briefly mentioned and by some authors is described under the generic name of vasomotor rhinitis or nervous coryza, and regarded as an attenuated form of hay-fever which differs from the typical form in occurring independently of season. Bosworth and Moure are the only authors who recognize it as a separate and individual disease. In the opinion of M. Moure the small number of recorded cases depends upon the fact that it is often confounded with spasmodic rhinitis and has not been reported. Dr. Jankelevitch has only been able to find about twenty published cases, eighteen of which were collected by Bosworth. The author gives brief histories of these cases and mentions, furthermore, three reported by Fink. Chappell also has published an account of four cases dependent upon malarial influence. The hydrorrhœa occurred at regular intervals, was often accompanied by chills and fever, and was cured by quinine. Alaïs Penykövy also cites an instance. The cases on record vary greatly in origin and concomitant symptoms, but all possess one feature in common: the presence of a nasal discharge, periodical or intermittent, more or less abundant, sometimes unilateral and at others bilateral, of rather watery consistence and sometimes acrid. Bosworth divides nasal hydrorrhœa into two varieties, in one of which the discharge is passive and unattended by pain, and another, in which the discharge is accompanied by symptoms of irritation such as are observed in hay-fever. This writer, in fact, considers the second variety as an attenuated form of hay-fever. Such a view is considered by Dr. Jankelevitch as fallacious and due to a confusion, resulting partly from the fact that in certain cases of nasal hydrorrhœa the symptoms come on at fixed hours, the patients being free from trouble at other times. Many subjects of this disorder present undoubted malarial antecedents. The writer whom we follow thinks it rational to look upon these cases as masked or weakened malaria, and in this manner explains the regular periodicity of the attacks.

An analysis of all the reported cases shows that the disease depends upon various causes, and that it is often difficult to discover the origin of a particular case. Thus, nasal hydrorrhœa has been observed in a case of generalized œdema, of which it was probably only one of the manifestations. It has been witnessed in association with cerebral disease accompanied by neuritis and, often, atrophy of the optic nerves. It has been met with in hysterical subjects. In such cases the hydrorrhœa is only a secondary and symptomatic manifestation. By the side of these there exist others in which the nasal secretion constitutes the single or, at least, predominant symptom, and which suggest the thought that the affection is strictly *sui generis*.

Hydrorrhœa has occurred in trifacial paralysis, associated with polyps of the accessory sinuses, especially the maxillary and frontal. There are cases also which accompanied nasal polyps and which have given rise to discussion as to the relation which exists between the two affections. Bosworth and Moure look upon polyps of the nose or sinuses as rather a consequence than a cause of hydrorrhœa. Doubtless the

* Rev. Heb de Laryn., etc., Dec. 18, 1897.

Digitized by Google

constant irritation of the mucous membrane by an abundant and sometimes acrid secretion may produce polypoid hypertrophy and finally true polyp. On the other hand, it may be admitted that the presence of polypi, more or less obstructive to the nasal fossæ and permitting the accumulation of irritant agents contained in the respired air, may excite an irritation of the mucous membrane and an alteration of the glandular nerves of which hydrorrhœa may be a consequence. Admitting a connection between polyps and hydrorrhœa, we find ourselves in a vicious circle: the polyps produce hydrorrhœa which, in its turn, favors the formation and recurrence of polyps.

Since our knowledge of disease of the maxillary sinus has been extended a certain number of cases have been reported in which hydrorrhœa was only a manifestation of the presence of a mucocele in the antrum. The writer had recently observed a case of the kind in the clinic of Dr. Moure, at Bordeaux.

Hydrorrhœa following trifacial paralysis is due to the abolition of the inhibitory action of the nerve upon serous exosmosis.

Certain genito-urinary disorders may, in both men and women, give rise to reflex hydrorrhœa of the nose, often accompanied by or alternating with salivary hypersecretion. In some patients the vasomotor disturbance is caused by cold, in others by moist weather, and occurs in most under the influence of occasional insignificant causes.

From what has preceded we might be justified in looking upon hydrorrhœa as an exclusively symptomatic disorder and deny its title to independence. There are cases, however, in which hydrorrhœa is the only manifestation. In these the patient is very sensitive to atmospheric changes. The discharge occurs in sudden attacks which are announced by a tickling sensation in the nose soon followed by a paroxysm of sneezing.

Anterior rhinoscopy shows in the beginning a simple swelling of the mucous membrane, which is smooth, rosy, and very moist. After the constant irritation has lasted for some time the mucosa becomes pale and somewhat granular. From time to time it experiences attacks of momentary hypertrophic swelling, which arrests nasal respiration. Genuine vasomotor disturbances occur analogous to those of asthma.

As regards the treatment of hydrorrhœa, it is necessary, in the first place, to seek the cause, and to treat by appropriate means the primary condition to which the discharge is due. In doubtful cases it would be well to employ quinine, as a malarial influence often exists. For local treatment our author recommends massage once or twice daily by a tampon of cotton impregnated with borated vaselin containing a small quantity of cocaine. He deprecates galvano-cauterization and prefers Professor Moure's method of decortication of the mucous membrane.

SIMPLE ACUTE NEPHRITIS OF CHILDREN.

We have often in these columns called attention to the practical papers of the distinguished French authority upon diseases of children. One of his recent communications, published in that excellent journal La Médecine Moderne,* deals with the important subject of acute nephritis as it occurs in children. The kidneys of young subjects are easily affected. Mild infectious processes may give rise to more or less severe renal inflammation. In the article before us, however, the author confines himself to a single variety, of which he has observed numerous examples and which he epitomizes in the title, "Primitive Acute Nephritis, Simple, Curable, and Benign." He considers that it is of much importance to recognize this form.

The author cites brief notes relative to a number of cases illustrative of the clinical history. The children were attacked, in the

* "Néphrite aigue simple des Enfants," par le Dr. J. Comby. La Méd. Mod., Dec. 1, 1897.

Digitized by Google

midst of health, by symptoms, more or less grave, of acute nephritis. In some cases the malady was characterized by only œdema, anasarca, scanty and high-colored urine. In other instances the outbreak was preceded by mild sore throat, which may have passed almost unnoticed, but to which great pathological significance must be attributed. In all the cases, after a short duration of three, four, or six weeks cure was obtained and the albuminuria completely disappeared.

In the absence of a specific process, such as scarlatina, diphtheria, etc., we are led, upon the occurrence of acute simple nephritis, to suspect the influence of cold. The action of cold, however, is not always direct. In nephritis, as in pneumonia, cold alone does not cause the disease. It enfeebles the organism, increases its receptivity, augments the virulence of miscrobes, and opens the gates by which they enter. Children carry within themselves, in the mouth, pharynx, and nasal passages, various microbes which only await an opportunity of wakening into activity. This opportunity is afforded them by the impression of cold.

The sore throat which so often precedes nephritis constitutes a first step toward the invasion by pathogenic microbes. The epithelial barrier is broken down, the microorganisms reach the lymphatic glands, where they are often arrested or may continue their progress, passing into the circulation, and finally excite a distant inflammation which may be, according to circumstances, a pneumonia, an endocarditis, nephritis, etc.

In some cases an apparently most trivial angina becomes complicated with swollen cervical glands, and, subsequently, with acute nephritis, etc. Cases have been described as glandular fever, or, in other words, acute adenitis, symptomatic of pharyngeal infection, in which nephritis has developed, superadded to the original disease, which it finally survives. These complications are not fortuitous, but are linked together in strict sequence.

The symptoms of the disease portrayed by Dr. Comby are always the same, and it is to be noted, in the first place, that the children are always attacked while in health and not after scarlatina or other disease which numbers nephritis among its habitual complications. Some cases are marked by fever, anorexia, headache, and general malaise, but in others there is no premonitory symptom, and the first sign of trouble is swelling of the face. In some instances, upon close inquiry we may learn that inflammation of the throat or nose with, perhaps, otalgia had preceded for a short time the symptoms referable to the kidneys. Fever may accompany the œdema of the face and anasarca. The urine is always scanty, red, and contains red blood-corpuscles, leucocytes, and casts. The liquid is evidence of acute renal congestion and is always albuminous. In grave cases there are always frequent efforts to pass urine, and these attempts are attended by pain; with great difficulty the little patient expels a few drops of dark and turbid fluid. In one girl of 8 years Comby detected a cardiac murmur, which vanished with the albuminuria. In another girl, 7 years of age, a left pleural effusion accompanied the anasarca. Both effusion and œdema were gone by the twelfth day. The author has also witnessed signs of uræmia.

At the end of a time, varying according to the case, but never very long,—10, 15, or 30 days at the most,—all the manifestations disappear. The urine clears up and becomes more abundant, the albumin rapidly diminishes until it is no longer present, the œdema leaves, and restoration to health is perfect.

In some cases the evolution of nephritis takes place in a cycle comparable to that of pneumonia, with a rapid rise of temperature to 39° or 40° C. (102° to 104° F.), at which height it remains for 6, 7, or 8

Digitized by Google

days; subsequent to which period occur defervescence and recovery. The retardation and irregularity of the pulse so often observed after pneumonia and acute maladies in general are also sometimes found in these cases of nephritis during the fall of temperature.

Our author has never seen this variety of primary acute nephritis have an unfavorable termination. All the patients were restored to health. Nevertheless, he would utter a word of warning regarding the possibility of recurrence after a greater or less lapse of time. He instances a girl, 13 years of age, in whom acute nephritis had succeeded to angina. After a certain time she recovered. She was again attacked by angina, hæmaturia, abundant albuminuria, and prolonged fever attended by a typhoid condition. These symptoms vanished, leaving a small quantity of albumin present and it was feared that the nephritis would become chronic. This patient was still under observation. Though in the majority of instances the prognosis is so favorable, yet it is made more doubtful by relapses and recurrences.

Certain reservations must therefore be made in regard to the ordinarily auspicious prognosis. Evidently the sudden advent of a nephritis which begins with intensity, however apparently insignificant its cause, indicates a renal susceptibility which must throw doubt upon the future. The author had not been able to follow his patients a sufficiently long time to feel completely assured upon that point. He affirms, however, that in the immense majority of cases the cure seems rapid and absolute.

Dr. Comby next raises the query whether there is any relation between primitive acute nephritis and intermittent, or cyclical, albuminuria. The latter—which shows itself at certain hours of the day, after walking, in the upright position, but never when the child is lying down—appears, in some cases, to have followed an attack of acute infectious nephritis. In hospital practice, however, there is little opportunity to recognize the transformation. The patients are no sooner cured than they leave, and, while remaining in the hospital, rest in bed tends to mask that latent albuminuria to which Pavy has drawn attention.

The diagnosis is easy. The swelling of the face; œdema of the limbs, scrotum, and labia majora; the diminution of urine, its dark color; the presence of albumin in notable amount indicate nephritis, and the renal lesion is quickly recognized. The delicate point consists in properly appreciating the nature of the nephritis: its origin, gravity, and future. It is necessary, in the first place, to eliminate all maladies capable of complicating nephritis, and especially scarlatina. Renal tuberculosis and grippe must also be excluded.

The treatment followed by our author consists in rest in bed, absolute milk diet, dry and wet cups to the lumbar region, abundant irrigation of the bowel twice daily with fluid containing castor-oil, inhalation of oxygen if anasarca interferes with breathing, and small doses of gallic acid.

Medical News and Miscellany.

The American Medical Association.—*Section on Materia Medica and Therapeutics*: The following papers and discussions have been promised for the meeting at Denver, Col., June 7-10, 1898:—

"Yellow Fever: Its Etiology and Treatment." Discussion by Surgeon-General George M. Sternberg, M.D., of Washington, D. C.; Prof. John Guitéras, M.D., of Philadelphia; Sollace Mitchell, M.D., of Jacksonville, Fla.; T. S. Scales, M.D., of Mobile, Ala.; G. B. Thornton, M.D., of Memphis, Tenn.; H. M. Bracken, M.D., of Minneapolis, Minn.; P. E. Archinard, M.D., of New Orleans, La.

"Aims of Modern Treatment of Tuberculosis." By Prof. Edwin Klebs, M.D., of Chicago. Discussion by Charles Denison,

Digitized by Google

M.D., of Denver, Col.; C. H. Whitman, M.D., of Los Angeles, Cal.

"Serum Therapy of Tuberculosis." By Prof. S. O. L. Potter, M.D., of San Francisco, Cal. Discussion by Prof. James M. Anders, M.D., of Philadelphia.

"The Therapeutics of Pulmonary Phthisis." By Paul Paquin, M.D., of St. Louis, Mo.

"Tuberculin as a Diagnostic and Curative Agent, with Report of 250 Tubercular Cases Treated." By C. H. Whitman, M.D., of Los Angeles, Cal.

"The Practical Value of Artificial Serum in Medical Cases." By P. C. Remondino, M.D., of San Diego, Cal.

"The Use of Remedies in Diseases of the Heart and Blood-vessels." By T. Lauder Brunton, M.D., D.Sc., F.R.S., London, England.

"The Mescal Button." By Prof. D. W. Prentiss, M. D., of Washington, D. C.

"The Modern Intestinal Antiseptics and Astringents." By William Frankhauser, M.D., of New York.

"To What Extent is Typhoid Fever Favorably Modified in Its Course, Duration, Termination or Sequelæ by the Administration of Drugs." By Frank Woodbury, M.D., of Philadelphia, Pa.

"Strychnine." By J. N. Upshur, M.D., of Richmond, Va.

"Methods of Teaching Materia Medica and Therapeutics." By Prof. G. H. Rohé, M.D., of Baltimore.

"The Study of Materia Medica and Therapeutics." By H. M. Bracken, M.D., of Minneapolis, Minn.

"The Great Therapeutic Importance of a Rational Adaptation of Cathartic Remedies to the Physiological Functions of the Gastro-intestinal System." By E. D. McDaniels, M.D., LL.D., of Mobile, Ala.

"Why the Pharmacopœial Preparations Should be Prescribed and Used by the Profession." By Leon L. Solomon, M.D., of Louisville, Ky.

"The Use of Electricity by the General Practitioner." By Caleb Brown, M. D., of Sac City, Ia.

The following have also promised papers, subjects to be announced very soon, together with the day assigned for each discussion and paper:—

Dr. J. E. Atkinson, of Baltimore, Md.; Dr. Henry Beates, of Philadelphia, Pa.; Dr. T. M. Balliet, of Philadelphia, Pa.; Dr. George F. Butler, of Chicago, Ill.; Dr. Dudley W. Buxton, of London, Eng.; Dr. J. Solis-Cohen, of Philadelphia, Pa.; Dr. N. S. Davis, Jr., of Chicago, Ill.; Dr. P. J. Farnsworth, of Clinton, Ia.; Dr. J. E. Moses, of Kansas City, Mo.; Prof. Joseph Remington, of Philadelphia, Pa.; Dr. L. E. Sayre, of Lawrence, Kas.; Dr. H. V. Sweringen, of Fort Wayne, Ind.; Dr. E. L. Stephens, of Fort Worth, Texas.

The chairman will be pleased to receive and place upon the programme subjects for discussion and papers. John V. Shoemaker, M.D., chairman, 1519 Walnut St., Philadelphia, Pa.

Hereditary Albuminuria.—Jules Ranault draws attention to this subject. He points out that the child of an eclamptic woman may be born with albuminuria and die in convulsions, and that on post-mortem examination profuse intratubular hæmorrhage may be found, and he also believes that albuminuria is not infrequent in breast-fed children of mothers who are the subjects of nephritis. There is also another variety of hereditary albuminuria—that which declares itself from 12 to 20 years of age in children of parents who themselves suffer from albuminuria or who have died of nephritis. In certain of these cases the mother showed albuminuria during pregnancy, and the question may be asked whether albuminuria discovered at 12 or 13 does not date from birth, but in several instances it is certain that previous to its discovery at that age it was not present. In other cases albuminuria appeared in the parents after the birth of the child, from which it would seem that a certain renal susceptibility was transmitted, which declared itself during adolescence as acute nephritis. The author quotes several cases in support of this fact, showing that several members of a family may be affected with albuminuria through as many as three generations, and that it may vary in its features, being cyclical in some cases, while in others the symptoms are those of well-marked acute nephritis. It is pointed out that in this the kidney is merely on a par with other organs, such as the lung, stomach, etc. The author puts in a class by themselves these cases of inherited gout where the parents suffer from gouty nephritis. In these instances he states that the albuminuria is often of the cyclical variety; in others the children proceed to renal disease having the same characteristics as

Digitized by Google

their parents. Children in whom albuminuria is discovered are dyspeptic, pale, and anæmic, and have little muscular energy. It is slight in degree and may diminish under the influence of proper diet, but does not show any tendency to disappear. On the other hand, the albuminuria tends to increase after exercise, muscular strain, mental work, or strong emotions. Provided no infectious disease occurs to aggravate this form of albuminuria, it continues to progress slightly but constantly, and in from six to fifteen years patients have become typically nephritic with small contracted kidneys, and succumb to uræmia. Thus, the prognosis of hereditary albuminuria is bad, for if the patients do not fall victims to their first infectious disease, they develop pronounced nephritis.—British Medical Journal.

Appointed Gynæcologist. — Dr. John Milton Duff, of Pittsburgh, has been appointed gynæcologist to the Western Pennsylvania Hospital. This has necessited his resignation as gynæcologist to the South-Side Hospital, but he will continue to serve that institution as consulting surgeon and gynæcologist.

Legacies for Harvard Medical College.—The late Dr. Antoine Ruppaner bequeathed to Harvard Medical College the sum of $10,000, to be called the Dr. Ruppaner Fund. The sum of $5000 has been given to Mr. H. H. Hunnewell toward the endowment of the surgical laboratory of the same institution.

Belfast (Ireland) Royal Hospital.—Mr. Thomas Houston, M.B., B.S.R.U.I., has been appointed assistant gynæcologist.

Sialorrhœa Cured by the Reduction of a Retroflexed Gravid Uterus. — Audebert mentions the case of a young woman, whose first pregnancy had been followed by infectious endometritis and consequent retroflexion, and who soon after conceiving a second time was attacked by severe and exhausting ptyalism, and when Audebert saw her in the third month was extremely emaciated. In addition to what was swallowed or soaked up on her linen 800 grammes of liquid were collected in twenty-four hours. Her gravid uterus was found in extreme retroflexion, the cervix lying forward above the symphysis. Reduction was effected easily in the genu-pectoral position and prevented from recurring. The sialorrhœa at once diminished and ceased absolutely at the end of three days. —Medical Review.

Obituary.—Dr. H. P. C. Wilson, a distinguished gynæcologist of Baltimore, died at his home December 27, 1897. Dr. Wilson was born in 1827 and graduated from the University of Virginia in 1848. He was instrumental in founding the Maryland Hospital for Women, was at one time Vice-President of the American Gynæcological Society, and was a frequent and well-known contributor to medical literature.—Philadelphia Medical Journal.

Death of Professor Zakharin, of Moscow. —We regret to announce the death of Professor Zakharin, of Moscow, whose name, long famous in Russia, became known throughout the world during the last illness of the late Czar. He was Professor of Clinical Medicine in the University of Moscow for nearly forty years, and for a long time he was one of the most prominent physicians in Russia. He wrote little, but was a sound clinical teacher; and, in spite of certain eccentricities, some of which could hardly be described as amiable, he was an able and honest practitioner. He was successful far beyond the average of successful physicians, for two or three years ago his fortune was computed at about half a million sterling, and the bulk of it had been earned by the practice of his profession. Professor Zakharin was about 70 years of age.—British Medical Journal.

Married.—Dr. William Newbold Watson and Miss Caroline Wharton were married on November 24, 1897, at Fallsington, Pa. The newly wedded couple will reside at 4110 Parkside Avenue, Philadelphia.

Memorial to Professor Billroth.—A memorial to the late Professor Billroth was unveiled in the University of Vienna. A very large and representative assembly, including many of the late surgeon's most eminent pupils, attended the ceremony. After Professor Gussenbauer had delivered a speech in which he described the career of Professor Billroth, the memorial was formally presented to the university by members of Professor Billroth's family, and accepted by the rector in the name of the university.—British Medical Journal.

Trinity College, Dublin.—Dr. N. H. Alcock, Demonstrator of Anatomy in the

Digitized by Google

Owens College, has been appointed Assistant to the Professor of Physiology, Trinity College, Dublin.

Texas Medical News.—Dr. J. W. McLaughlin, who has accepted the chair of Practice in the school at Galveston, has retired from the editorial management of the journal. Drs. A. N. Denton and Matthew M. Smith have been added to the staff.

New Haven Dispensary.—At the annual meeting of the Board of Directors of the New Haven Dispensary, the following officers were elected: President, Dr. C. A. Lindsley; Vice-president, Thomas Hooker, Esq.; Secretary, Dr. B. Austin Cheney; Treasurer, Edward L. Chapman, Esq. The attending physicians for the year will be as follows: Dr. H. Fleischner, Dr. W. H. Carmalt, Dr. B. Austin Cheney, Dr. H. L. Swain, Dr. L. S. de Forest, Dr. C. J. Foote, and Dr. A. N. Alling. The following were elected consulting physicians for the year: Dr. Francis Bacon, Dr. Charles A. Lindsley, and Dr. O. T. Osborne. The following additions were made to the Dispensary Staff during the year: Dr. J. S. Ely, Dr. R. S. Goodwin, Dr. W. F. Verdi, Dr. W. H. Crowe, Dr. C. D. Phelps, and Dr. Joseph A. Cook.

International Congress of Balneology.—An international Congress of Balneology will be held in Vienna in March, 1898.

Gift to Yale Medical School.—Mrs. D. C. Leavenworth has given $1000 to the general fund of Yale Medical School. The gift is a memorial of her husband, the late Daniel C. Leavenworth, M.D., of the class of 1865, and the fund will bear his name.

Appointments in Louisville.—Dr. M. K. Allen has been appointed health officer; Dr. P. S. C. Barbour, superintendent of City Hospital; Drs. J. W. Guest and Brent Palmer, city physicians.

St. Anthony's Hospital of Denver.—At the annual meeting of the executive committee of the staff of the hospital the following staff was appointed for the year: Surgery: Attending, Drs. John Boice, Leonard Freeman, and J. W. Neil. Medicine: Consulting, Drs. E. P. Hershey, P. D. Rothwell, C. P. Burns; Consulting, Drs. John Elsner, J. N. Hall, R. B. Freeman, and C. P. Conroy. Gynæcology and Abdominal Surgery: Attending, Drs. C. K. Fleming, T. H. Hawkins. Neurology: Attending, Drs. J. W. Rothwell, S. D. Hopkins. Pædiatrics: Attending, Drs. C. F. Shallenberger, J. W. Ryan. Ophthalmology and Otology: Attending, Drs. R. E. Lemond, D. H. Coover. Obstetrics: Consultant, Dr. W. H. Buchtel; Attendant, Drs. T. M. Burns, C. P. Van Zont. Laryngology: Attendant, Dr. Robert Levy. Dermatology: Drs. W. H. Davis and J. M. Blaine.

Literary Doctors and Doctors in Literature.—The medical profession has seldom been appreciatively portrayed in fiction. In not a few notable instances it has been unjustly depreciated, either directly or by inference. Recent years, however, have seen Dr. William Maclure appear as the noble hero of "Beside the Bonny Brier Bush." In his homely dialect, James Whitcomb Riley has described the faithful country-doctor of the West in its early days.

Dr. Weir Mitchell has given us, in his "Hugh Wynne," an admirable picture of Revolutionary times and life at that period in Philadelphia. Dr. Mitchell's work is one of the best novels published in America and dealing with an American subject.

Both these works should be in every physician's library.

Removal.—Dr. Alexander W. MacCoy has removed to 1338 Walnut Street, Philadelphia.

Wistar Party. — The Wistar Parties, named in honor of Dr. Caspar Wistar, a celebrated physician of Philadelphia, have for many years been associated with the best social life of this city. One of the most interesting of the series was given by Dr. Persifor Frazer on January 8th.

Reception to the Philadelphia County Medical Society.—The retiring president, Dr. James Tyson, entertained the County Medical Society on the evening of January 8th at the Hotel Bellevue. The reception was largely attended. Among invited guests were Drs. Austin Flint, of New York, and Howard A. Kelly, of Baltimore.

Elmira Academy of Medicine.—The annual meeting was held on January 12th. The retiring president, Dr. Frank W. Ross, delivered an address entitled: "Remarks on the Use of the X-rays for Diagnostic Purposes, with Demonstration of their Harmlessness and Utility." The address was followed by discussions which included the main points of interest in the medical and surgical treatment of medico-legal

Digitized by Google

cases, particularly in gunshot wounds of the brain.

Dr. James H. Pooley.—The death of Dr. James H. Pooley, of Toledo, took place on December 11th, at the age of 58 years. Dr. Pooley had been connected with medical-college work a large part of his life, having at different times taught in Dartmouth Medical College and in Starling Medical College, and was, at the time of his death, Professor of Surgery and Dean of the Faculty in Toledo Medical College.

Toledo Medical College.—Dr. D. E. Haag has been chosen dean of the Toledo Medical College, to succeed the late Dr. J. H. Pooley.

Northwestern Ohio Medical Association.—The Northwestern Ohio Medical Association, in session at Toledo, elected as officers: President, Dr. James A. Duncan, of Toledo; Vice-presidents, Dr. J. A. Kimmel and Dr. W. S. Powell, of Findlay; Secretary, Dr. J. P. Baker, of Findlay; Assistant Secretary and Treasurer, Dr. T. M. Gehrett, of Deshler.

A Medical Man Honored.—Dr. Alexander Hill has been elected to the honorable position of Vice-chancellor of Cambridge University. This is the first time in history, says the Lancet, that the highest executive office of one of the two leading English universities has befallen a medical man.

Resignation.—Dr. John N. Mackenzie, of Baltimore, has resigned the chair of laryngology in the University of Maryland.

The Parkin Prize.—Dr. Augustus Waller, F.R.S., Lecturer on Physiology at St. Mary's Hospital Medical School, has been awarded, by the French Academy of Sciences, the triennial "Parkin" prize of 3400 fr. for a communication on the curative effects of carbon in its various forms in cases of cholera and of fevers in general.

Los Angeles (Cal.) County Medical Association.—The recently elected officers are: President, Dr. E. A. Praeger; Vice-president, Dr. R. W. Miller; Secretary, Dr. Rose T. Bullard; Assistant Secretary, Dr. F. D. Bullard; Treasurer, Dr. A. L. Macleish.

A Gift to the New York Academy of Medicine.—At its recent meeting the following nominations were made: Vice-presidents, O. B. Douglas and W. H. Katzenbach; Recording Secretary, M. Allen Starr; Treasurer, H. E. Crampton. The Board of Trustees reported the gift by Mrs. Anna Woerishoffer, of $15,000 to the library endowment fund and it was decided that this sum be set aside as a special fund to be known as the "Anna Woerishoffer Fund."

New Professorship.—Dr. J. E. Stubbert has been elected professor of "tropical diseases" in the New York University Medical College. This is the first chair of its kind established in this country.

Addition to St. Vincent's Hospital.—An extension to St. Vincent's Hospital, New York, is to be erected at a cost of $250,000. It will be devoted exclusively to charity patients. The ambulance service will also be enlarged and improved.

In Honor of Lavoisier.—A statue to the memory of Lavoisier, the great chemist, is to be erected in front of the house situated behind the Madeleine Church, where Lavoisier lived for many years.

Editorial Change. — The International Medical Magazine will hereafter be edited by Walter L. Pyle, A.M., M.D., of Philadelphia.

The Southwest Virginia Medical Association.—This is the name of a new society organized at Norton, Wise County, Va. The following officers were chosen: President, Dr. A. J. Hoback, of Big Stone Gap, Wise County; Vice-president, Dr. Moran Stallard, of Norton; Secretary, Dr. J. B. Harrold, of East Stone Gap. The association will meet at different places.

Wabash Surgeon.—Dr. Richard Grinstead now has charge of the surgical work of the Wabash Railway in St. Louis, vice Dr. W. A. McCandless.

Rush Medical College Changes.—Prof. Edward L. Holmes, President of Rush Medical College, has resigned. A meeting of the faculty was held January 4th for the purpose of considering the resignation of Dr. Holmes and for passing on the question of affiliation with the University of Chicago. On the question of joining with the university every member present voted in the affirmative. The resignation of Dr. Holmes was also accepted. The retiring President of Rush Medical College, Dr. Edward L. Holmes, will be 70 years of age on February 11th, and his resignation is to take effect at that time. More than a year ago he announced that when he was

Digitized by Google

70 years of age he would retire from the presidency to make room for some younger man.—Journal of the American Medical Association.

West London Hospital. — Mr. Percy Dunn, F.R.C.S., has been elected Ophthalmic Surgeon to the West London Hospital in succession to Mr. Bowater Vernon, F.R.C.S., Ophthalmic Surgeon to St. Bartholomew's Hospital.

Brooklyn Gynæcological Society.—The following officers have been elected for the ensuing year: President, J. C. MacEvitt, M.D.; First Vice-president, Wm. H. Skene, M.D., Second Vice-president, Frank Baldwin, M. D.; Recording Secretary, Frederick J. Shoop, M.D.; Corresponding Secretary, O. A. Gordon, M.D.; Treasurer, L. G. Langstaff, M.D.; Pathologist, W. H. Seymour, M.D.

North Texas Medical Association.—The following officers were elected for the ensuing year: President, Dr. R. D. Poots, of Bonham; Vice-president, Dr. H. O. Masters, of Rock Hill; Secretary, Dr. H. F. Miller, of Sherman; Treasurer, Dr. S. F. King, of Sherman.

Orleans Parish (Louisiana) Medical Society. — The Orleans Parish Medical Society, at its last meeting, elected the following officers to serve during 1898: President, Dr. John Callan (re-elected); First Vice-president, Dr. Isadore Dyer; Second Vice-president, Dr. H. A. Veazie; Third Vice-president, Dr. Q. Kohnke; Recording Secretary, Dr. C. J. Miller (re-elected); Treasurer, Dr. F. A. Larue (re-elected); Corresponding Secretary and Librarian, Dr. S. P. Delaup (re-elected).

Gleason Sanitarium.—Dr. John C. Fisher, formerly in charge of the Warsaw Sanitarium, more recently of Lytton Springs, Cal., has been appointed to the medical care of Gleason Sanitarium, Elmira. He assumed charge of the latter on January 1, 1898.

Chief-surgeon.—Dr. W. J. Means, of Columbus, Ohio, has been appointed Chief-surgeon of the Columbus, Shawnee & Hocking Railway Co., to succeed Dr. R. H. Reed, who has removed from the city and State.

Penobscot (Me.) Medical Association.—The Penobscot Medical Association has elected these officers: President, Dr. G. M. Woodcock, of Bangor; First Vice-president, Dr. Percy Warren, of Bangor; Second Vice-president, Dr. H. K. Thatcher, of Dexter; Secretary and Treasurer, Dr. W. C. Mason, of Bangor; Standing Committee, Dr. E. A. McCullough, Dr. Harry Butler, and Dr. H. A. King.

New York Medical League.—Officers of the Manhattan Section have been elected as follows: President, Dr. Joseph E. Janvrin; Vice-president, Dr. Frederic R. Sturgis; Recording Secretary, Dr. John C. Schminke; Corresponding Secretary, Dr. Douglas H. Stewart; Treasurer, Dr. E. Eliot Harris; Trustees, Dr. F. H. Wiggin, Dr. E. J. Gallagher, and Dr. S. Kennedy; Finance Committee, Dr. W. H. Weston; Executive Committee, Dr. J. Smith Peterson, Dr. J. E. Messenger, Dr. George D. McGauran, and Dr. Wickes Washburn; Delegates (to what, is not stated), Dr. Adolph Rupp, Dr. Heinrich Stern, and Dr. Joseph H. Byrne.

Railway-surgeon.—Dr. H. E. Whitsey has been appointed Surgeon for the Pennsylvania Railway Company at Ashtabula.

Maine Academy of Medicine and Science.—At the twentieth annual meeting, held at Portland, Dr. Wedgewood, of Lewiston, was elected President and Dr. N. M. Marshall, of Portland, Secretary.

West Penn Hospital.—Dr. John Milton Duff, of the South Side, Pittsburgh, has been appointed gynæcologist to the West Penn Hospital.

The Eastern Medical Society (N. Y.).—At the annual meeting the following officers were elected for the ensuing year: President, Dr. William S. Gottheil; Vice-presidents, Dr. A. Isaacs and Dr. E. K. Browd; Treasurer, Dr. B. Gordon; Chairman of the Committee on Admission, Dr. S. Schaie; Recording Secretary, Dr. R. Abahams.

New Medical Club.—The physicians of Rochester, N. H., have formed a club with the following officers: President, Dr. J. H. Neal; Secretary, Dr. R. F. Burleigh; Committee on By-laws, Drs. Stokes, Keay, and Blazo.

Presentation of a Portrait of the Late Dr. Thomas S. Kirkbride.—At a recent meeting of the College of Physicians, of Philadelphia, occurred the unveiling of a portrait of Dr. Thomas Story Kirkbride,

Digitized by Google

M.D., LL.D., who had been a Fellow of the College from 1839 until he died in 1883. The painting, which is life-sized and an admirable likeness, was presented on behalf of the family of the late medical superintendent of the Pennsylvania Hospital for the Insane, by Dr. John B. Chapin, who is the successor in that office of Dr. Kirkbride.

Tri-State Medical Association of Mississippi, Arkansas, and Tennessee.—The officers elected at the recent meeting are: Dr. T. J. Happel, of Trenton, Tenn., President; Dr. E. H. Martin, of Green Grove, Vice-president for Mississippi; Dr. James T. Jelks, of Hot Springs, Vice-president for Arkansas; Dr. J. R. Sanford, of Covington, Vice-president for Tennessee. Dr. Richmond McKinney, of Memphis, was re-elected Secretary; while Dr. Marcus Haase, also of Memphis, was made Treasurer.

Atlanta Society of Medicine.—The officers of 1898 are: President, Dr. W. L. Champion; Vice-president, Dr. W. S. Goldsmith; Secretary, Dr. L. A. Felder; Treasurer, Dr. L. B. Grandy; Librarian, Dr. Michael Hoke.

Atlanta Medical and Surgical Journal.—Dr. Charles Dunbar Roy has purchased an interest in the above journal and is associated with its editorial management.

The Memphis Medical Society.—The following officers of the Memphis Medical Society have been elected to serve during the ensuing year: T. J. Crofford, M.D., President; E. C. Ellett, M.D., Vice-president; Alfred Moore, M.D., Secretary; Marcus Haase, M.D., Librarian.

The Distribution of Anæsthesia in Tabes Dorsalis.—Marinesco has studied the topography of anæsthesia (chiefly tactile) in 50 cases of locomotor ataxy, 10 of which had amaurosis. He finds that there are four principal foci of anæsthesia:

1. Thoracic anæsthesia was present in 40. In slight cases this is found as a horizontal zone in the nipple region on either side. If the outer limit of this thoracic zone reaches the axillary line it may then extend along the inner aspect of one arm, or more often of both arms. In such a case the two nipple bands, which are not always symmetrical, are united anteriorly. Anæsthetic zones are also found in the scapular region on either side; but, though they may be united in the middle line, the interscapular region is always more sensitive than the rest. Thus, when the anterior and posterior thoracic bands are complete, they form an anæsthetic thoracic girdle.

2. In the upper limbs anæsthesia may be limited to the internal surface of the arms, or may extend along the inner aspect of the forearm to the little finger.

3. In most cases of tabes the perineo-anal and genital regions, especially the latter, are anæsthetic, anæsthesia being especially common at the lower part of the scrotum, but extending sometimes to the penis also. This exists just as much in the early as in the late stage of the disease, and should always be looked for. When present here it is generally found in other parts as well, such as the thorax or feet, for it is rarely present in one region alone.

4. In the lower limbs the position of the anæsthesia is very variable, being common in the plantar and dorsal region of the foot, the dorsum of the toes, the outer surface of the legs, and lastly on the anterior and posterior surfaces of the thighs.

Other parts of the body where anæsthesia may be found are the epigastrium, left hypochondrium, and laryngeal mucosa. Cases of tabes with amaurosis have certain anæsthetic peculiarities. Though some may be anæsthetic at the seats of election, and if the anæsthesia be in the lower limbs ataxic, etc., others, and perhaps the largest class, have normal or nearly normal tactile sensation. Such patients are not ataxic, and the knee-jerk is present. A fact of great importance is that certain subjective sensations correspond to the four chief anæsthetic foci described above: to (1) the girdle sensation, to (2) numbness of the arms, to (3) micturition troubles and impotence, and to (4) lightning pains and "pins and needles" in the legs and feet.

The author found, also, in 3 patients that gastric crises corresponded to anæsthesia of the epigastrium, and in 1 to anæsthesia of the left hypochondrium. In 1 case, again, laryngeal crises were present, with anæsthesia of the laryngeal mucosa. By looking for these anæsthetic areas doubtful cases may often be diagnosed with certainty. The relation between cutaneous anæsthesia and reflex pain can be understood more readily since Head's work was published. The areas of tabetic anæsthesia correspond very closely to the areas supplied by the various spinal nerve-roots (for

Digitized by Google

instance, the lower part of the scrotum is supplied by the third sacral nerve), as worked out and figured by Thorburn from the effect of traumatic lesions of the cord. —British Medical Journal.

Boston Medical Society.—Officers for the ensuing year were elected as follows: President, Dr. Samuel Goodman; Vice-presidents, Dr. Rufus K. Noyes and Dr. Francis J. Kelleher; Secretary, Dr. Morris Gerstein; Treasurer, Dr. Victor Bychower; and Directors, Dr. N. M. Goodman, Dr. Charles F. Parker, Dr. A. Rovinsky, Dr. L. B. Bernard, Dr. J. J. Hanley, and H. P. Lesnard.

German Association of Scientists and Medical Men.—The German Association of Scientists and Medical Men will hold its annual meeting this year at Leipzig, under the presidency of Professor Waldeyer, of Berlin.

New York Board of Health.—Mr. Nathan Straus has been appointed President of the Board of Health of the City of New York, vice Mr. Wilson. Dr. William T. Jenkins and Dr. John B. Cosby have been appointed health commissioners.

College of Physicians of Philadelphia.—The recently elected officers are: Dr. John Ashhurst, Jr., President; Dr. William W. Keen, Vice-president, and Dr. Thomas R. Neilson, Secretary.

The Death of Mr. Ernest Hart.—The death of Mr. Ernest Hart, the editor of the British Medical Journal, comes with a shock to his many friend in America, most of whom had already learned that he was in feeble health. They sympathized with him in his recent illness and operation, but from the reports published they had been led to believe that he was fairly convalescent.

His death leaves a gap in the ranks of medical journalism which can never be filled. He had an instinctive delicacy of judgment, made few mistakes, and popularized the Journal as no man preceding him had been able to do, and at the same time made it one of the financial successes of the age. He had learned the art of being aggressive without offending, and the Journal under his management has been right in its advocacy of all those reforms in which the whole profession is interested.

As a writer, he was forceful, accurate, and aggressive. As a man, he was unassuming, polite, and agreeable. As a physician, he was well informed, and in certain lines in advance of his time. He will be greatly missed, for his place in medical literature was peculiarly his own.—Journal of the American Medical Association.

Columbus Medical Publishing Company.—At a meeting of the Columbus Medical Publishing Co., held December 9th, Dr. R. Harvey Reed tendered his resignation as President of the Company and Editor and Manager of the Journal. To succeed him Dr. J. M. Dunham was elected President; Dr. J. E. Brown, Editor and Manager, and Drs. John Dudley Dunham and Theodore L. Chadbourne assistants to the editor. Dr. Reed will continue his interest as one of the Associate Editors.

Resignation.—Dr. J. H. Richardson, Professor of Anatomy in the University of Toronto, has tendered his resignation to the Senate of that body. Dr. Richardson is one of the oldest and has been one of the most successful teachers of anatomy in the country, having been connected for more than forty years with the Toronto School of Medicine and the University of Toronto.

Medical Superintendent.—Dr. Herman C. Evarts, of New York City, has been appointed Medical Superintendent of the Kingsport division of the Long Island State Hospital, at a salary of $2500 per year. The appointment is made from the civil-service eligible lists. Dr. Evarts was formerly an assistant physician at the Manhattan State Hospital.

Death of Dr. Lucius Crusius.—Dr. Lucius Crusius, of St. Louis, died on January 1. Deceased was thirty-six years of age, a graduate of the College of Physicians and Surgeons, and a member of the faculty of the Marions-Sims College of Medicine.

Montreal General Hospital.—Dr. John Elder has been appointed one of the surgeons to the Montreal General Hospital in place of Dr. Kirkpatrick, deceased.

Dr. Robert Barnes.—Dr. Robert Barnes has resigned the Fellowship and the office of Trustee of the Obstetrical Society of London.

Obituary.—Dr. Hugh Calderwood, Demonstrator of Anatomy in the University of Glasgow, recently departed this life after a very short illness.

Digitized by Google

Book Reviews.

Rubaiyat of Doc Sifers. By James Whitcomb Riley. Illustrated by C. M. Relyea. Published by the Century Co., New York, 1897.

This dialect poem describes the simple virtues and professional devotion of one of our guild. The life of a country-doctor is here feelingly portrayed. The lonely rides in gloom and storm, the vigils, the perils of the flood, the tender ministrations, the absolute self-sacrifice of the man are phrased in such forcible, although homely, words that the story goes straight to the reader's heart. It is a book to cheer a doctor in his hours of leisure. The crowning charm of the book is its absolute truth. The illustrations and typography are admirable.

Hugh Wynne, Free Quaker, Sometime Brevet Lieutenant-Colonel on the Staff of His Excellency, General Washington. By S. Weir Mitchell, M.D., LL.D., Harvard and Edinburgh. New York: The Century Co., 1897.

The historical novel, if well conceived and well written, has a double interest. In following the story we often imbibe more vivid conceptions of life in past eras than from the sober pages of authentic history. A great work of this kind, in fact, rises almost to the dignity and value of real history. It must be pervaded by the spirit of the time with which it deals and in its main outlines must adhere strictly to historical truth. Many of its characters may, indeed, be imaginary, but they must be personages who might have spoken and acted as they speak and act in the book.

Tried by these canons, Dr. Mitchell's book deserves a hearty mead of praise. The epoch of which he treats is and must always be of intense interest to Americans. The quiet and leisure of a Quaker colonial city, the unrest and discontent which preceded the outbreak of the war, the strain of conflict both on the battle-field and by the fireside, the heroism and self-denial of the times, afford ample material for the novelist's pen. Dr. Mitchell has succeeded in elaborating this material and weaving a story which adheres closely to fact and is full of local color.

The Revolutionary War has never found so gifted an interpreter. The author is pervaded by the mode of thought which characterized the period and locality of which he writes. He takes his readers back to the last century. He has so assimilated the life and spirit of '76 that his book reads as if written by a contemporary of Washington and Franklin. To assimilate the past and to reproduce it in effective form for the readers of to-day is a work which adds a fresh interest to the facts of history.

Dr. Mitchell has approached his task in the spirit of a true artist, and has produced a book which will take its place in the highest rank.

The Living Age. Founded by E. Littell in 1844. The Living Age Company, Boston.

The "Living Age" is an old favorite. A periodical publication which has survived fifty-three years must possess valuable qualities. Two generations have been familiar with these pages. An appreciation of its excellencies has been handed down from father to son. Its management has always been peculiarly skilled in the art of selecting the best literature of the day. Consequently, we find that it has always maintained the same high standard and reflects the literary work of the day.

The number before us may be taken as a sample. Some of the selections contained in it are: "The Dual and the Triple Alliances and Great Britain," by Francis de Pressensé; "Heinrich Heine," a centenary retrospect by Edward Dowden; "With all her Heart," by Réné Bazin; "Rusticating in Russia," by E. Hughes; "A Bit of Blue China," by Isabel Maud Hamill.

Orthopedic Surgery. By James E. Moore, M.D., Professor of Orthopedia and of

Digitized by Google

Clinical Surgery in the College of Medicine of the University of Minnesota, etc. With One Hundred and Seventy-three Illustrations. Philadelphia: W. B. Saunders, 1898. Price, $2.50 net.

Dr. Moore has acquired a well-earned reputation from the clinical lectures and papers which he has from time to time published in the periodical press and transactions of the American Orthopedic Association. In the present work he has brought together in systematic form the results of his experience in a very important branch of the surgical art. The book is clearly written, the points of differential diagnosis are carefully presented, the descriptions of symptoms are well given, and the directions as regards treatment are based upon the personal experience of the author. When he dissents from prevalent opinions, he is at pains to explain the reasons for his views. By rejecting much material which, however interesting it may be, is of inferior practical import, the author has been able to present his subject in a work of moderate size. He pursues a wisely conservative course relative to operations, and recommends the simplest kind of apparatus, such as can most readily be applied by the general practitioner. These points are such as go to make a useful and successful book, and we have no doubt that Dr. Moore's work will be duly appreciated by the profession.

Saw Palmetto (Sabal serrulata, Serenoa serrulata): Its History, Botany, Chemistry, Pharmacology, Provings, Clinical Experience, and Therapeutical Applications. By Edwin M. Hale, M.D. Philadelphia: Boericke and Tafel, 1898. Price, cloth, 50 cents.

This monograph contains an interesting sketch of the saw palmetto. Its botanical and chemical characteristics are fully described. Its physiological actions are determined according to the homœopathic method of "provings," and its clinical application deduced according to the tenets of the followers of Hahnemann.

Dr. Tiebel's Official Hand-book of Spas, Watering Places, and Health Resorts. By H. C. Tiebel, Würzburg, who has been assisted in the work by Edward J. Philpots, M.D., C.M., F.R.G.S., etc. Specially compiled with the view of assisting medical men and health-seekers in balneological and climatological research. Printed and published by Chas. Letts & Co., London.

This publication is a useful guide to the health resorts of Europe. In its pages are found much reliable information of interest to physicians and invalids. It points out the class of diseases in which each resort is useful, the resident physicians of the various places, accommodation, amusements, etc.

Transactions of the Medical Society of New Jersey, 1897. L. G. Hardham, printer, Newark, N. J., 1897.

This volume contains the proceedings of the one hundred and thirty-first annual meeting of the society. A number of very excellent papers were read at the meeting. The president's address was by T. J. Smith, M.D., of Bridgeton. The history of the Medical Society of New Jersey is a long and honorable one, and its transactions witness that it keeps pace with the progress of medical science. In the volume is also given a list of the officers and members of the State and county societies.

Report of the Commissioner of Education for the Year 1895-'96. Volume I, Containing Part I. Volume II, Containing Part II. Washington: Government Printing-office, 1897.

In these two volumes is collected a large and valuable mass of material relative to the work of education in this country as well as information concerning the methods operative in the principal countries of Europe. Not only are educational methods described, but also various subjects connected with the work are fully presented. These reports are of great importance to all interested or engaged in the work of general education.

Digitized by Google

COMMERCIAL NEWS.

The Right Kind of Flour.

'Tis said that "bread is the staff of life," and there is a good deal of truth in that old saying, though there are people who dispense almost entirely with bread and yet manage to live. But bread, like any other article of food, may help to destroy instead of sustaining life; for it is in the quality of the flour employed we must seek the health-giving properties of bread. Not only is flour, like any other product, often adulterated, but it may come from the mills robbed of its most nutritive principles. Such is the case when an attempt is made to produce "pure white flower." The slight tinge of brown found in natural flour may not please the æsthetic eye of the inexperienced, yet it is to the flour what color is to the cheek, a healthy sign. A proper flour is that which is made from the whole wheat-berry, thus preserving all the gluten and proteids therein contained. This is successfully achieved by the Franklin Mills Co., Lockport, N. Y. The Franklin Mills' Flour, duly analyzed, proves to be the most healthful flour made.

Serum in Tuberculosis.

The following extracts from a report by Dr. A. G. Deardorff, of San Francisco, Cal., published in the Medical Times, September, 1897, bear important testimony to the value of Paquin's anti-tubercle serum. The doctor began using this serum in October, 1895, treating three cases during the winter with good success. One case went to his work after two months' treatment; another went east, greatly improved, after two or three months; a third case, improving rapidly after one month, went to St. Louis, continuing the treatment there, and was entirely well after six or seven months' treatment.

"In December, 1896," says the doctor, "Mrs. G. applied to me for treatment of left lung; a burning sensation below clavicle; some night-sweats; loss of appetite; loss of weight. Her average weight of 125 was reduced to 115. Microscope showed great quantities of tubercle bacilli. I had considerable trouble with irritation of the skin and rash at end of second week. After this had no trouble. This was a case of incipient tuberculosis; mother had died with tuberculosis. . . . After two and a half months' treatment she had gained in weight to 135 pounds, and has been absolutely well to this time, July 21st."

There are a number of treatments for tuberculosis, but I like the reasoning of Dr. Paquin, and I know he is on the right track. The results show it.

The Therapeutic Value of Arsenauro.

Under this heading the New England Medical Monthly publishes an interesting paper, read by Dr. A. P. Buchman before the Mississippi Valley Medical Association, at Louisville, October 7, 1897, from which we quote, as follows: "For the past four years arsenauro has been one of the chief factors in my therapeutic armamentarium, because of the almost universal happy effects in the special line of work that I have almost exclusively engaged in. The body of work has been in the field of denutrition, and false metabolism depending remotely upon gastric and intestinal indigestion. Abnormal metabolism and denutrition express themselves in direct relation with constitutional idiosyncrasies, hygienic environments, and the vulnerability of the organism. Bearing this in mind, we can comprehend why one patient will present a pathology of the lungs, another a kidney affection, and still another a disease of the nervous system, while the point of departure from the health line in all is the same."

Dr. Buchman proceeds to describe the first case in which he noticed gratifying results following the exhibition of arsenauro: the patient had suffered with gastric indigestion over a period of five years; his blood-stream was impoverished, his nervous system shattered, and the whole organism working at the lowest possible pressure. The predominant symptom was insomnia, which compelled the patient to quit work. "A thorough cleansing and disinfection of the digestive tube was the first step, after which I carefully regulated the diet so as to insure the greatest quantity of energy expended by the digestive forces. Bathing, massage, and electricity were ordered. The usual carminative and tonic drugs were exhibited. This course was persisted in for a month, during which there was noticeable betterment, but not sufficient to

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

ELIXIR SALICYLIC COMP.

(WM. R. WARNER & CO.)

Avoid Substitutes and Imitations.

A Potent and Reliable Remedy in Rheumatism, Gout, Lumbago, and Kindred Compiaints.

Combining in a pleasant and permanent form in each fluidrachm, the following:—

Acid. Salicylic. (Schering's), grs. v.
Cimicifuga, grs. 1¾. Potass. Iodid., grs. iss.
Tr. Gelsemium, gtt. j. Sodii Bicarb.

This preparation is especially valuable for rheumatic diathesis and in the treatment of acute inflammatory, subacute, and chronic rheumatism; any of which will yield to tablespoonful doses, every three or four hours, until four doses are taken; then a dessertspoonful at a time, and finally decrease to a teaspoonful every three or four hours.

In acute inflammatory rheumatism experience has proved that two tablespoonfuls administered every four hours until a slight ringing in the ears follows, the dose then decreased to a tablespoonful every three or four hours, will produce the desired effects.

The advantages of Elixir Salicylic Comp. are afforded by the combination of Salicylic Acid with Soda in excess, thus forming a salt less corrosive and irritating and more readily borne by the stomach.

The other ingredients possess advantages well known to the profession, to whom this preparation is alone introduced. We therefore suggest the propriety of specifying "Warner & Co.'s" and, in ordering in fʒxij quantities, to obtain original bottles. It is a matter of great satisfaction to us to be able to place before the profession a remedy so effectual in the cure of one of our most stubborn classes of disease. **Price, $1.00 per bottle.**

Elixir Salicylic Comp. is put up in 12 oz. square, blue bottles, with prescription label on it, and may be obtained from druggists everywhere. See that no substitutes are offered.

For Sale by All Druggists.

WILLIAM R. WARNER & CO.,

1228 MARKET ST., PHILADELPHIA. 52 MAIDEN LANE, NEW YORK. 197 RANDOLPH ST., OHIOAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

FORMULA:

Sodium Phosphate, C. P.,
Sodium Sulphate, C. P.,
Sod. et Pot. BITART., and
Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Digitized by Google

satisfy either the patient or myself. I now withdrew all former drugs and gave him arsenauro, in 10-drop doses four times daily. In ten days the patient was sleeping comfortably, eating and digesting fairly well, and altogether was sufficiently recovered to go to work moderately. After sixty days' constant use of the drug he announced himself as having entirely recovered and able to perform the exacting work required of him with ease and pleasure.

"The recital of this case will suffice to illustrate the groove into which arsenauro fits so perfectly. To accomplish these results, however, it is not enough to simply give arsenauro. I have tried to expose the preparatory work which is absolutely essential, and without which arsenauro, like any other drug given out of time and place, will yield only negative or indifferent results. We evidently have an entirely new agent in arsenauro, something more than the mere combining of arsenic and gold, for, by evaporating arsenauro, you have a resultant crystal which is not the crystal of arsenic, nor is it the crystal of gold, but a crystal such as I have never seen before. I would lay emphasis upon the point that I have observed no evidence of arsenical poisoning from arsenauro. It does not produce cumulative effects, but is easily and promptly assimilated."

Treatment of Burns.

The most exquisitely painful burns are assuaged in a few moments by an application of cocainized campho-phénique, after the following formula:—

℞ Cocaine hydrochlorate, 5 grains.
Campho-phénique, ½ ounce.
Olive-oil, ½ ounce.—M.

Rub up the cocaine and campho-phénique and add the olive-oil. A man whose hand had been torn and badly burned by an electrical discharge, the pain of which was so severe that he fainted twice before the dressing could be applied, expressed himself as absolutely without pain in less than one minute after the application.

Made in America.

The supplementary collective investigation of the American Pediatric Society, which embraced more than 1700 cases of unmistakable laryngeal diphtheria, showed conclusively that the antitoxin which is now most generally employed and which yields the highest rate of recoveries is a domestic product: Mulford's concentrated diphtheria antitoxin. The reports showed that 40 per cent. had been treated with Mulford's. In the cases so treated the mortality was about one-third less than in the cases treated with all the other antitoxins. Physicians who are not already familiar with this product should not fail to write for full particulars and recent brochure to H. K. Mulford Company.

Imperial Granum.

The manufacturers of imperial granum received the following testimonial of their excellent product: "Dear Sirs: I have raised my baby on Imperial Granum, and no healthier child can be found in the city. She is 3 years old, weighs thirty-six pounds, and still has two meals a day, which consist almost wholly of imperial granum. Her last meal at night is imperial granum only. It is soothing, nourishing, and satisfying, and gives good sleep and no nightmare, which children so frequently have from improper evening feeding! I always speak enthusiastically for the imperial granum, for I know of no food that is as good for babies and children.

——, M. D."

Literature and samples for clinical test supplied only to physicians and trained nurses. Sent free, charges prepaid, on request. Correspondence solicited.

A Winter Remedy.

That codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract.

The coal-tar products were found to have great power as analgesics and antipyretics

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS, PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

Alice B. Stockham, M.D.

Author of "Tokology," "Karezza," etc., etc., writing on "constipation" says, "Wheatlet and Flour of the Entire Wheat are very useful in establishing a correct habit. In these the gluten which lies next the bran is preserved—this contains the nitrates that feed muscular tissues and the mineral product that nourishes and sustains the nervous system. For constipation these foods are the natural remedy and preventive, as they give the ganglionic nerve centers nutriment, and hence enable them to preside over the functions of digestion. Entire Wheat Flour, Franklin Mills Co., Lockport, N. Y., fulfills these conditions, and is one of the noblest additions to the foods of the World. The grain is denuded of the outside silicious bark and then ground into a fine flour, and all the elements of the grain are preserved."

If your grocer does not keep it, send us his name and your order—we will see that you are supplied.

See that the Flour delivered bears our label; avoid substitutes.

Send for Booklet.

The genuine made only by the.....

FRANKLIN MILLS CO., LOCKPORT, N. Y.

ELECTRICITY

WILL DO IT IF YOU GET THE UP-TO-DATE INSTRUMENTS.

SPECIAL OFFER FOR 60 DAYS.

Only $4.50 for a Dry Cell Portable Faradic Battery with large Coil, Indicator, and Adjustable rapid and slow Vibrator and full set of Electrodes. Regular price $10 00 net.

Only $5.00 for a Dry 8-Cell Galvanic Battery, with needle and holder for removing superfluous hair, etc. Regular price $12.00 net.

Only $7.00 for a Dry 16-Cell Galvanic Battery. Regular price $16.00 net.

Only $12.50 for a Combined Dry 24-Cell Galvanic and Faradic Battery with adjustable rapid and slow vibrator. Regular price $30.00 net.

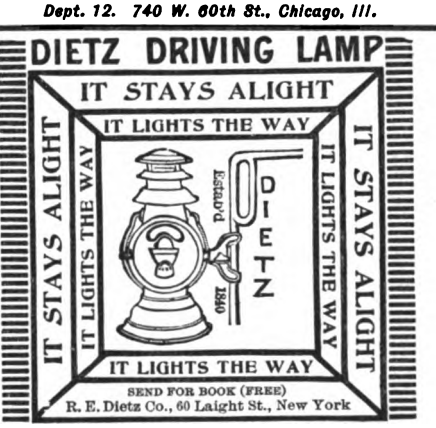
Only $12.00 for a 34-Cell Galvanic Battery with double Switch Collector. Regular price $30.00 net.

We have made the above offer in order to prove to every physician that our Dry Cell is the Best in the world.

These Batteries are put up in highly finished hard-wood Cases. The Switchboards are covered with polished hard rubber and all parts nickel plated. Your money returned if not as represented. Send 2 cent stamp for Catalogue.

ELECTRO-MEDICAL MANUFACTURING CO.,

Dept. 12. 740 W. 60th St., Chicago, Ill.



Digitized by Google

long before experiments in the therapic laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products. Five grain antikamnia-and-codeine tablets, each containing 4¾ grains of antikamnia, ¼ grain of sulphate of codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

Pinus Canadensis.

D. T. Hudgens, M.D., Elizabeth, Ark., says: "I have used S. H. Kennedy's extract of pinus Canadensis in leucorrhœa with very good results. I have had under my treatment Mrs. S., age 33 years, for leucorrhœa, with anteversion of the uterus. I used the white extract *per vaginam* as a local treatment for the leucorrhœa, and the treatment was attended with success. I am satisfied that pinus Canadensis should occupy a prominent position in our materia medica."

Christy-saddle Prize-competition.

Early in May, 1897, Messrs. A. G. Spalding and Bros. announced a competition, open to doctors only, for the best written advertisement setting forth the good points of the Christy Anatomical Saddle. Hundreds of advertisements were received up to the closing day of the contest, April 15th. A jury, consisting of Mr. George B. Gallup, of the Metropolitan Magazine, New York; Mr. Joseph Wilberding, of the New York Times, and Mr. J .W. Curtiss, of the A. G. Spalding & Bros., decided, after careful consideration, to award the prizes as follows: First Prize, $50, won by W. H. Thompson, M.D., Winamac, Ind.; Second Prize, $25, won by F. A. Myrick, D.D.S., 100 Lexington Avenue, New York; Third Prize, $10, won by E. R. Axtell, M.D., University of Denver, Denver, Col. To each doctor contributing an advertisement which was accepted, one Christy Anatomical Saddle was sent free of charge. The advertisements received were varied, indeed, and show conclusively that the doctors of the country were very much interested in the saddle question.

Cactina Pillets.

I take pleasure in offering my testimony to the great value of Cactina Pillets, in cases of weak and irregular action of the heart. I have used them for four years and have never been disappointed in them. They not only stimulate the heart, but improve that organ permanently. I find them very useful in all cases of typhoid fever and pneumonia.

C. B. Matthews, M. D.

Kent, Ind.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

DO NOT BE DECEIVED.

DO NOT BE DECEIVED—Maltzyme is not an *imitation* of anything.

DO NOT BE DECEIVED—Chemistry and pharmacy *advance* like other departments of science, but malt products have not been improved—until *Maltzyme* was produced.

DO NOT BE DECEIVED—Maltzyme represents improvement, *perfection* in diastasic malt products.

DO NOT BE DECEIVED—Maltzyme is an *essence* of malt and the best diastasic product known.

DO NOT BE DECEIVED—Maltzyme only entered the therapeutic field in October last, but it already *leads* all other products of its class right here at home in New York City.

DO NOT BE DECEIVED—Maltzyme (plain) is the best preparation known for the treatment of starchy indigestion, being more diastasic than any other malt product, rich in nutriment, and is *not* thick and gummy.

DO NOT BE DECEIVED—Maltzyme with Cod Liver Oil. No other preparation can hold a candle to it. Taste it. Try it. It has *twice* as much diastase as any other combination of oil and malt, and it is palatable.

DO NOT BE DECEIVED—Maltzyme with Cascara Sagrada has in it all the virtues of the bark, more diastase than any other Cascara product, is limpid, and is *readily* taken.

DO NOT BE DECEIVED—Maltzyme with Hypophosphites is not an *antiquated* formula. It contains Manganese, as well as Hypophosphites of lime, iron and potassium.

DO NOT BE DECEIVED—The falsehoods told by jealous rivals amuse *you* very much, so we hear. They do us, certainly.

DO NOT BE DECEIVED—Shall we send you our circular, and discuss the question of *samples* with you?

MALT DIASTASE CO., 1 Madison Ave., New York

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation, and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia, Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise.

THE PURDUE FREDERICK COMPANY,

Write for Samples. **No. 52 West Broadway, New York.**

Digitized by Google

DR. McMUNN'S

Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

E. FERRETT, Agent, 372 Pearl Street, New York.

ANTI-TUBERCLE SERUM (PAQUIN)

ANTI-DIPHTHERITIC SERUM (PAQUIN)

ANTI-TETANIC SERUM (PAQUIN)

ANTI-STREPTOCOCCUS SERUM (PAQUIN)

INDICATED IN

Tuberculosis
Diphtheria
Tetanus (Lock-jaw)

Puerperal Fever, Septicemia, Mixed Infections of Tuberculosis and Diphtheria, Erysipelas, Scarlatina, Pyemia, Bronchitis, Bone and Joint Tuberculosis.

Tuberculin, Erysipelas Toxin, Mallein, Vaccine Points, Cultures Pathogenic and Non-Pathogenic, Slides of Germs, Outfit for Microscopical Diagnosis of Tuberculosis, Chemic, Bacteriologic and Microscopic Analyses Made.

Brochure, with Clinical Reports, also Vials for Mailing Specimens for Analysis, sent on Application.

THE PAUL PAQUIN LABORATORIES CO., 209 N. 7th St., ST. LOUIS, MO.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 4, 1897, and continues until May. It is preceded by a Preliminary Session of two weeks, and followed by a Post-Graduate Course until middle of June.

Preliminary examination, or equivalent degree, and four years' graded course obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practical demonstrations. In the subjects of Anatomy, Pharmacy, Chemistry, Physiology, Hygiene, Therapeutics, Histology, and Pathology and Bacteriology special practical laboratory instruction is given. Also bedside instruction in Medicine, Surgery, and Gynæcology.

Examinations are held at the close of each Regular Session upon the studies of that term.

FACULTY:

Therapeutics, Skin, and Venereal Diseases, J. V. Shoemaker, M.D., LL.D.	Ophthalmology ..... L. Webster Fox, A.M., M.D.
Practice ..... J. M. Anders, M.D., Ph.D.	Physiology ..... Isaac Ott, A.M., M.D.
Surgery and Pathology ..... Ernest Laplace, M.D., LL.D. / Wm. L. Rodman, M.D.	Hygiene ..... Seneca Egbert, A.M., M.D.
Obstetrics ..... W. Frank Hachnlen, M.D., Ph.D.	Clinical Medicine ..... William E. Hughes, M.D.
Gynæcology ..... W. Easterly Ashton, M.D.	Nervous Diseases ..... Chas. W. Burr, A.M., M.D.
	Children's Diseases ..... W. C. Hollopeter, M.D.

For further information or announcement, address

SENECA EGBERT, A.M., M.D., DEAN,
Medico-Chirurgical College, Philadelphia, Pa.

PURE SANDAL OIL CAPSULES.

				PER DOZ.
List No. 53A	12 in Box	10	Minims	$ 2.25
" 53	24 "			4.25
" 54	36 "			6.25
" 54C	100 "		Size.	15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

				PER DOZ.
List No. 421A	40 in Vial	5	Minims	$ 4.75
" 421B	80 "			9.00
" 421C	100 "		Size.	10.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of
FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

BERND'S PHYSICIANS' REGISTERS.

FOR OFFICE AND POCKET USE.

THE MOST PRACTICAL SYSTEM OF KEEPING PHYSICIANS' ACCOUNTS.

Send for Circular Containing Price-List and Fac-Simile Page, with Description and Opinions.

HENRY BERND & CO., P. O. BOX 336, **ST. LOUIS, MO.**

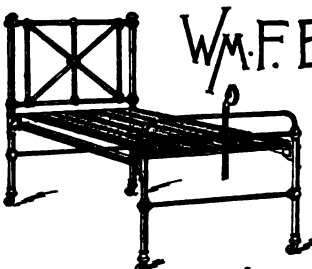
DOCTOR, DO YOU CURE YOUR **GOITRE PATIENTS?**

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

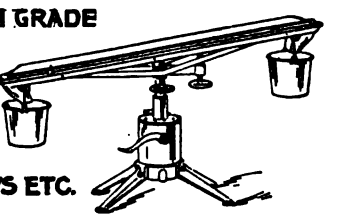
Lock Box 4. **F. E. MAY, M.D., Bloomington, Ill.**

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK
WRITE FOR PRICE LIST.

ALWAYS MENTION
THE MEDICAL BULLETIN
When Writing to Advertisers.

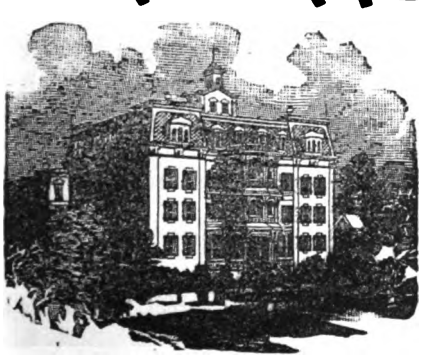


WM. F. BERNSTEIN & CO.
MAKERS OF HIGH GRADE
ASEPTIC
HOSPITAL FURNITURE
IRON BEDSTEADS
MATTRESSES
PILLOWS ETC.
SEND FOR CATALOGUE



FACTORY & OFFICE 917 RICHMOND ST. SHOWROOMS 4TH & CALLOWHILL STS. PHILA.

BURN BRAE



A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter.

Resident Physicians: J. WILLOUGHBY PHILLIPS, M.D.
S. A. MERCER GIVEN, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, MARCH, 1898. No. 3.

Clinical Lectures.

INJURIES OF THE EYELIDS AND EYEBALLS.*

BY L. WEBSTER FOX, A.M., M.D.,

Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: In all injuries of the eyelids you will find a knowledge of their treatment most valuable in general practice. This class of cases will come under your observation as general practitioners and the proper treatment will frequently enable you to prevent deformities and blindness and mitigate pain.

WOUNDS OF THE EYEBROWS AND EYELIDS.

Injuries of all descriptions should be attentively and cautiously examined in the first instance to ascertain the extent and nature of the injury. In incised, lacerated, or contused wounds the ordinary principles of treatment are applicable; but in incised or lacerated wounds probably greater care must be exercised in uniting the edges of the wounds and in trying to save every particle of tissue. In a measure, this is supplemented by cicatricial tissue, which, in time, produces more or less retraction. This is particularly so in cuts or burns of the eyelids. A case in point was brought to the hospital a short time ago and shown to the class. It was that of a wound of the eyebrow and eyelid, one-third of which, the nasal portion, was detached and torn down through the eyelid. There was considerable retraction of the upper eyelid, though not enough to expose the cornea. The only inconvenience from which the patient suffered was that particles of dust would annoy him at times. His attending physician, who took immediate charge of the case, followed out the theory that here every particle of tissue must be saved, and the subsequent result was good. Had the serrated edges of the wound been trimmed off, the retraction in the end would, no doubt, have been much greater, the cornea would have been exposed, and eventually blindness of that eye might have followed. Where you have simple incised or lacerated wounds of the eyelids without injury to the eyebrow, the cicatricial contraction is not so marked. About one year ago a case was brought to the clinic in which a flying bit of steel had cut the upper eyelid transversely from the outer and upper side to the nasal side, just beyond the punctum lachrymale, the eyeball being untouched by the foreign body. The patient called to see us a short time ago and I found the eyelid in most excellent condition. The slightest contraction was the only evidence of any traumatism.

In the treatment of the wounds of the eyelids, whether the lid is partially or completely severed, accurate union can scarcely be accomplished by means of adhesive plaster. It is better to suture the parts, and this is done by using small, delicate needles with a single thread. The important part is to bring the edges of the tissue in direct

*Clinical lecture delivered to the students of the Medico-Chirurgical College, November 21, 1897.

Digitized by Google

apposition to each other, and to hold them in place by stitches four lines apart. The dressing which we apply is composed of lint saturated and so kept for twenty-four to thirty-six hours with the following lotion:—

℞ Liq. plumbi subacetatis, 2 drachms.
Tinct. opii,
Tinct. arnica, of each, 2 drachms.
Aq. camph.,
Aq. destil., of each, q. s. ad 4 ounces.
M. ft.

This lotion should be applied cold, and used frequently and the patient must be kept on his back in bed. The suture may be removed in from twelve to twenty-four hours; in that time the edges of the wound will have become fixed so as to remain subsequently in proper apposition. If the sutures are allowed to remain too long, they start up a local inflammation and, later on, these spots will show along the line of the wound, adding somewhat to the unsightly appearance of the cicatrix.

Burns of the Cornea.

Explosions from various gases cause the highest percentage of losses of vision, either by completely destroying the eyeball or only partially so. Gunpowder explosions probably rank first in the list. Boys, by showing their patriotism on the Fourth of July, through excitement, grow careless, and as a result faces are scorched and eyes burned. I recall a case where several boys were discharging a toy-cannon. The last charge hung fire, one lad went to the cannon and blew into the touch-hole, and the result was an explosion. I was called to see the case and made an examination shortly after the accident. Upon elevating the eyelids I found both eyes more or less sprinkled with grains of powder and the conjunctiva burned. Another case was somewhat similar in character: several boys were making mines and exploding them. In the last one the fuse hung fire. Smith blew on the fuse, and almost instantly the ground was sent flying in every direction, some of the dirt flying into the eyes and face of the boy, causing serious trouble to his vision. Boys are very fond of making experiments with "alarm-cartridges." I have had under my care several serious accidents caused by exploding these cartridges in a reckless manner. Gunpowder explosions constitute only one of a series of accidents which may come under your observation and demand your skill: boiling water, mortar, melted fat, the many acids (particularly sulphuric acid), caustic potash, explosions from kerosene-lamps or from gas, etc. In some of these accidents the cornea may escape and the conjunctiva only receive the injury. I have in mind a case where the conjunctiva was destroyed by quicklime. It first assumed a white, swollen appearance, and in a few days the cornea became infiltrated, and, in spite of the most active treatment, the cornea sloughed and the eye was lost ten days after the accident. In all accidents to the eye if one-sixth of the eye is destroyed then you may give a favorable prognosis; but, if one-third, unfavorable.

A woman presented herself at the clinic two years ago who accidently received a drop of whitewash in her eye. The hypersecretion of tears washed away most of the lime, yet sufficient remained behind to provoke a serious condition. By placing the patient in bed, keeping on hot pads (which are effective after active inflammation has set in), and instillations of eserine, $^1/_4$ grain to 2 drachms, every two hours, the eye was saved, with fairly good vision.

When the cornea is touched by a gas-flame, hot iron, curling-irons, or melted lead, the epithelium of the cornea is whitened, coagulated like a layer of albumin, and raised like a blister. This part of the eye is then always sure to desquamate. If the burn has extended into the deeper layers of the cornea we may look for very serious complications and tedious ulcerations, even going on to perforation of the cornea. Staphyloma may develop and the vision be lost. It is astonishing the amount of heat the eye can stand. In the wise dispensation of Providence, Nature has given the eye that power. A person may walk very close to a hot furnace without injury to the eye when the other parts of the face will be scorched.

Digitized by Google

Caustic potash, when accidently applied to the eyes, causes pronounced destruction of tissue, and always leaves sad results behind. I can recall a case where a little child accidentally rubbed a certain quantity of potash into both eyes. Her father was a dairyman, and on this occasion had a small open can of this strong alkali standing near some milk-cans, which he used in their cleansing. The child got the alkali, and somehow rubbed this substance into both eyes: enough to produce a very severe inflammation, causing total blindness in one eye and partially so in the other, the eyelids of both eyes becoming attached to the eyeballs. Another case claimed my attention recently where a few drops of vitriol thrown into the eye caused the lower eyelid to become attached to the eyeball.

Treatment.

In gunpowder burns of the face and eyes one line of treatment is to try to pick off the grains of powder from the cornea with a spud. This is not always a safe method and you fail to get off all the powder. In your efforts to relieve the patient you make matters worse by irritating the already damaged cornea. When called to see a patient, first wash the face with hot water, using it freely. The water will enter the small openings in the face and dissolve the grains of powder, and the excessive fluid will cleanse the parts thoroughly. After the face is cleansed attend to the eyes. Keep the lids apart with a speculum and with an eye-douche irrigate the eyeballs. The patient will at first try to evade the full stream by rolling his eyes upward, but in a short time he will roll both eyes downward; while the eye is rolling about take a small pledget of cotton and gently try to remove the powder-grains. The delicate stream of water thrown against the cornea and the brush of cotton places at your disposal the best means of removing foreign bodies from the cornea.

Hard substances, like grains of sand or emery, imbedded in the corneal tissue must be removed with a spud. This playing the water against the eyeball may be kept up, at short intervals of ten minutes, until you feel that you have done all at one sitting that is fairly consistent with the comfort of the patient. Atropine solution (1 grain to 3 drachms) is instilled into both eyes, to put the iris at rest, as corneal irritation produces disturbances of the iris and ciliary bodies. Both eyes are then sealed with sterilized vaselin and eye-pads. In ten to twelve hours the cleansing process may be repeated.

In extensive burns of the conjunctiva and cornea constant application of the following formula (cold or iced) is one of the best:—

℞ Acidi borici,
Sodii chlor., of each, 20 grains.
Mucilage sassafras med., 2 drachms.
Aq. camph.,
Aq. destil., of each, 2 ounces.
M. Sig.

It is soothing and cooling to the inflamed parts. Where the cornea is hazy instillations of eserine (1/4 grain to 3 drachms) will aid in preserving the cornea. For alkali burns apply any oil, melted tallow, unsalted butter, thick cream, vinegar, sugar, or even molasses—all these simple remedies you will find in every household. Bathe eyes frequently with the eye-lotion, the formula for which I have just given you. Under all circumstances the patient should be kept in bed and in a darkened room. When the pain is beyond endurance it must be controlled by an opiate. Each and every case of burn must be a law unto itself. Be careful and guarded as to the prognosis of all injuries of this character, as a burn is decidedly treacherous. Immediately after a burn the cornea may give but slight evidence of a morbid change, three days later you may have complete exfoliation of the parts.

I have enumerated but a few of a series of accidents which may come under your observation. I recall a case—an actress belonging to a celebrated company—who was injured by dropping a hot curling-iron upon the eye. When I reached her side I found she was suffering intense pain, which was relieved by a local anæsthetic and ice. The seared epithelium in a short time exfoliated, the denuded corneal sur-

Digitized by Google

face was soon replaced, and the eyes made a good recovery. The complications which follow such injuries are that we have total ankyloblepharon or partial symblepharon, adhesions of the eyelids or of the eyeballs, or opacities of the cornea. When the eyelid is attached to the cornea or to the cicatricial tissue, the patient is hopelessly blind.

Many of this class suffer much pain in the eyeballs, and it does give relief to separate the eyelids and adjust skin-grafts. An artificial eye may be worn later to improve the deformity.

St. Petersburg, Florida.—The frontispiece of this issue of THE MEDICAL BULLETIN represents the long wharf now undergoing extensive alterations and improvements. These will render the pier of St. Petersburg of increased value for commercial purposes. It is the intention so to strengthen the structure that it will practically be as solid as *terra firma*. An account of the proposed improvements will be given in a future issue of this journal.

SECONDARY AND TERTIARY SYPHILIS.*

BY JOHN V. SHOEMAKER, M.D., LL.D.,
Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

GENTLEMEN: I have present to-day two cases which afford excellent illustrations of the effects of syphilis in the secondary and tertiary stages. It is of the highest importance that you should become familiar with the mode of evolution and characteristic lesions of syphilis. The distant effects of the disease are so various and so destructive that it is of the utmost consequence that we should be able to recognize its impress and institute correct treatment at the earliest possible moment.

Case I. Large Papular Syphilide.—This man, 40 years of age, has for two weeks been the subject of an eruption which appeared first upon the face and head. It is now present also upon the back, chest, abdomen, and extremities. It is not attended by itching. About a year ago the patient had a sore upon the penis. He states that he has not suffered from sore throat or had falling of the hair.

The rash principally consists of large, hard, elevated, isolated, papules, separated by tracts of healthy skin. The most numerous lesions are of this character. Mixed with these, however, I find papules considerably smaller in size and more pointed at the apex. There are also some pustules, crusts and pigmented spots. Upon the face the papules are particularly large. The rash, as I have said, is present upon the limbs but has spared the hands and feet.

Now, from the history one might infer that this is a case of syphilis. We must not, however, leap to a hasty conclusion. We should satisfy ourselves that the sore upon the penis was an infecting chancre, the primary lesion, or sclerosis, of syphilis. Chancres are not the only sores—not even the only venereal sores—which may occur in that situation. Herpetic vesicles, also, may occasion a sore or sores upon the penis. It would be necessary to inquire closely as to the period of incubation and duration of the sore, whether the glands of the groin enlarged, whether there was any rash at about the sixth week after the appearance of the sore. In probing into these matters after a year's interval our information is often unsatisfactory. Careless and neglectful persons furnish us with very imperfect histories. Therefore, we are often thrown back upon our knowledge of the features of syphilitic eruptions. Fortunately for the accuracy of our diagnosis the eruptions of this disease have characteristic traits by which they can be almost infallibly recognized upon mere inspection and without a word of history.

Syphilitic eruptions assume a variety of forms. There is a certain relation between these different eruptions and the stages of the disease. Some are most apt to occur in the early and others in the later period of its progress. Nevertheless, it is also distinctive that lesions of different form co-exist in the same case. We may find

*A clinical lecture delivered at the Medico-Chirurgical Hospital.

Digitized by Google

macules and papules upon the same patient or papules and pustules may be present at the same time. In the case before us we observe small and large papules together with pustules, crusts caused by ruptured vesicles, and pigmented spots. This concurrence of different lesions is termed *polymorphism*. The fact that we find polymorphism in this case is an argument in favor of its syphilitic origin.

The *color* of the papules is indicative of syphilis, being of that peculiar shade of red described as "coppery." It has been also aptly likened to the color of lean ham. Furthermore, the absence of itching in an eruption is corroborative of a syphilitic origin.

The symptoms of secondary syphilis usually develop six weeks after infection. They are generally preceded for some days by malaise, headache, osteocopes,—which are worse at night,—and by fever: the so-called syphilitic fever. The early rashes consist of macules or small papules. At the same time there is soreness of the throat and the hair begins to fall. If treatment be neglected the exanthem recurs from time to time. At a later period the large papule predominates, as in this case. This lesion is also known as the lenticular syphilide. The papules vary from the size of a shot to that of a bean, are round or oval, of a coppery color, and have a glazed appearance. They manifest a strong tendency to recurrence, but are not ordinarily as abundant as the macules or small papules.

The large flat papules, when they occur at muco-cutaneous outlets or in regions where folds of skin come into contact, as the groins, buttocks, breasts, and axillæ, are transformed into the flat moist papule, mucous patch, or condyloma. This lesion is of a dark-red or grayish color, more or less moist upon the surface and in some instances the seat of a papillary outgrowth which causes it to assume a cauliflower form. Mucous patches are very common in the mouth and upon the tongue. In these situations they are generally of an oval outline, and of a grayish color, having an appearance as if the surface had been touched with nitrate of silver. They sometimes occur in the early months of the disease. These lesions are of special importance from the fact that, next to the chancre, they are responsible for the spread of the disease.

I have said that upon this man's body a number of pustules are intermingled with the large papules. As a predominant manifestation the pustular, like the papular syphilide, is subdivided into two varieties: the small and the large. Again, each of these varieties may be of the acuminated or flat type. The former occurs in the first few months while the latter is generally delayed until the fourth or six month and may not, in fact, make its advent until a year has elapsed from the date of primary infection. The rupture of pustules is followed by the formation of crusts, which are thick and large in proportion to the size of the pustule. The largest pustules, however, belong rather to the tertiary than to the secondary stage of the disease.

In the management of secondary syphilis the patient should have the benefit of every hygienic influence possible in his circumstances. The use of tobacco should be prohibited, since it aggravates the condition of mucous patches and syphilitic ulcers of the mouth. On the other hand, the use of antiseptic washes and gargles lessens the tendency to the formation of buccal lesions. If mucous patches exist it is advantageous, in conjunction with systemic treatment, to touch them every two or three days with a weakened solution of the mercuric nitrate, silver nitrate, or copper sulphate. Stimulating lotions or pomades may be used upon the scalp in cases of alopecia. Never omit to caution patients having lesions in the mouth against kissing, the indiscriminate use of table-utensils, pipes, etc., as many a case has been contracted innocently in this way.

Our main reliance in this stage of the disease is upon mercury, used as a constitutional remedy. As soon as the diagnosis of syphilis has been made the patient should be placed upon a mercurial. The remedy must be administered systematically and for a prolonged period. Patients will often become careless as soon as gross le-

Digitized by Google

sions have been overcome. This lamentable neglect is the cause of most of the severe and apparently unconquerable cases, characterized by repulsive manifestations, met with especially in public practice.

As regards the preparation of mercury which should be given great latitude is allowed. The main point is to bring the patient's system as rapidly as possible under the influence of the drug. Beginning with an average dose, we may cautiously increase the quantity until some slight manifestation of its physiological action occurs. The dose is then diminished or the remedy entirely suspended for a few days, to be resumed in the smaller amounts. Some practitioners employ blue mass or calomel. I usually give the preference to the green iodide or the corrosive chloride. Mercury with chalk is an efficient preparation, often better borne than any other and is the one which I shall make use of in this case. I shall order

℞ Hydrargyri cum cretâ, gr. xx.
Sacchari alb., 3ij.
M. et ft. chartæ No. xl.
Sig.: One such powder to be taken four to six times a day.

For the purpose of impressing the system rapidly in cases of unusual severity we may introduce mercury by inunction or hypodermic injection. Both methods are effective, but the former is rather an unpleasant procedure. Many salts, both soluble and insoluble, have been used hypodermically but, in my opinion, none is better than the corrosive chloride.

Case II. Tertiary Syphilis.—Badly as the preceding patient was disfigured by the presence of an abundant rash upon his face his plight is far from being as deplorable as that of this man, aged 35 years. He claims ignorance of primary infection. About four years ago he was afflicted by spots upon various portions of the body. These spots eventually broke down into pustules. From that time he has been subject to different forms of eruption. To-day we find that his scalp is denuded of hair in many small patches, which are covered with crusts and present an extremely unsightly aspect. This baldness is evidently permanent. The hair-follicles have been destroyed by ulceration. Looking into his mouth I perceive several mucous patches upon his tongue. Upon the roof of his mouth is a large perforation due to necrosis of the hard palate. The buccal and nasal cavities are in communication and the man is unable to speak distinctly unless he keeps the opening closed by a piece of cotton. Upon the chin is a large sore covered with dark-colored crusts. Upon the left leg are a number of pigmented spots.

Here is a case in which we observe a later stage of the same disease,—the tertiary period of syphilis. The lesions are not so abundant, but they are far more destructive. I call your attention, furthermore, to the present or past existence of different lesions. The bald patches upon the scalp are caused by ulceration dependent upon rupture of the large pustular syphilide, which not infrequently prefers the scalp and forehead, and which produces permanent cicatrices.

The boundaries of secondary and tertiary syphilis are not absolute. There is no arbitrary line of division. We may see lesions which usually belong to the early months prolonged far into the tertiary era, while in some instances those which, as a rule, do not manifest themselves until the second or third year of the disease, make their appearance in the second or third month. In the mucous patches of this case we witness a survival. As I have already remarked in the course of this lecture, the mucous patch may present itself early in the course of constitutional disease, yet here we find it in existence at an indeterminate date, but certainly more than four years after the origin of the infection.

Necrosis of bone is a not unusual occurrence in tertiary syphilis. It may take place as early as the second or third year, but is often postponed to a much later period. It is most apt to develop in debilitated and intemperate patients. The involvement of the bone is consecutive to an abscess at the roof of the mouth.

The lesion seen upon the chin is known as rupia. It also, like necrosis, is denotive of a depressed condition. Rupia results

Digitized by Google

from bullæ or blebs which range from the size of a bean to that of a walnut. The bullæ are seated upon a red, infiltrated base and surrounded by a coppery-colored areola. They contain clear, turbid, or bloody serum, rupture spontaneously, and their contents dry into crusts, thick or thin according to the depth of the ulcer which they surmount. In deep ulcers the crusts are gradually lifted in successive layers as new matter forms beneath, until they constitute conical crusts, laminated like an oyster-shell. The crusts are generally of a dark color, and hence the name of the lesion from the Greek word ῥυπος (*rupos*), dirt.

In secondary syphilis the skin and mucous membranes are chiefly affected. The rashes consist of macules, small or large papules, small and medium-sized pustules. Two or more of these forms often co-exist. The hair falls, and in the mouth small ulcers or mucous patches may form. The latter may also be present in other situations, as I have mentioned. Secondary manifestations often begin before the chancre has healed.

In tertiary syphilis the brunt of the disease is borne by the skin, mucous membrane, bones, periosteum, tendons, and testicles. Iritis is likewise an incident of this stage. Tertiary lesions of the skin are large pustules, tubercles, bullæ, and gummy growths. They all are prone to break down into ulcers. Gummy growths occur in connective tissue, and in the substance of internal organs. Upon different parts of the same patient we may find cutaneous lesions of different varieties. In the early development of tertiary syphilis, lesions which ordinarily belong to the secondary stage may co-exist. In the later progress of the tertiary stage any organ or tissue of the body may be attacked. Finally, tertiary lesions may be encountered many years after complete immunity and even in patients from whom it is impossible to elicit satisfactory history of preceding manifestations. From this brief summary you may perceive that throughout its long and impressive drama there runs a firm thread of continuity, that in its multitudinous diversifications a bond of unity may be traced.

In tertiary syphilis the efficacy of mercury is enhanced by a combination with iodine. An association often employed is that of mercuric chloride with potassium iodide. The remedies may be given together or in alternation,—as, *e.g.*, the mercurial before and the iodide an hour after meals. A good practice is to begin with 10 or 15 grains of the iodide and gradually to increase the dose to 1 or 2 drachms.

For the patient now before us I shall order $^1/_{20}$ grain of corrosive sublimate to be taken thrice daily in conjunction with a teaspoonful of codliver-oil, the man being pale and weak.

In tertiary syphilis hygienic rules must be strictly observed and patients are often improved by the addition of tonics, such as iron, arsenic, strychnine, and quinine to the specific remedies.

A Liberal Offer.—To new subscribers for $1.75 (and to their old friends also) the publishers will send, carriage free, THE MEDICAL BULLETIN for one year (regular subscription price, $1.00), together with a copy of "Obstetric Surgery," by Egbert H. Grandin, M.D., and George W. Jarman, M.D. This authoritative work is bound in cloth, well illustrated, and sold at $2.50, net.

Original Communications.

ANIMAL EXTRACTS.

BY ISAAC OTT, M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

IODOTHYRIN.*

SINCE the experiments have been made, I have noted in the British Medical Journal (July 10, 1897) some experiments by Vámossy and Vas upon iodothyrin. According to their observations, it increased the white blood-corpuscles. It had not the slightest action upon the heart or upon the respiration. It produces no effect upon blood-pressure. The prolonged use causes no cumulative effects, and the only action it has is through changes in metabolism.

* Obtained from Schieffelin & Co.

Digitized by Google

GENERAL ACTION.

It had no general action that could be observed.

EXPERIMENT 41. Frog.

Time, P.M.

1.50 subcu. inj. of 1 gr. of iodothyrin.
2.05 subcu. inj. of 1 gr. of iodothyrin.
2.20 subcu. inj. of 1 gr. of iodothyrin.
2.35 subcu. inj. of 1 gr. of iodothyrin.
No effect seen.

CIRCULATION.

Upon the pulse-rate and arterial tension it had no marked action except a slight increase of pulse-rate at times.

EXPERIMENT 42. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
4.30.15			94
4.30.45		64	94
4.31.00	inj. of $^1/_2$ gr. of iodothyrin	60	92
4.31.15		64	94
4.31.45		64	94
4.32.00	inj. of $^1/_2$ gr. of iodothyrin	61	94
4.32.30		63	94
4.34.00		58	90
4.34.30		68	90
4.34.45	inj. of $^1/_2$ gr. of iodothyrin	68	88
4.35.15			88
4.35.30	inj. of $^1/_2$ gr. of iodothyrin		88

EXPERIMENT 43. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
3.30.00		59	84
3.30.15	inj. of 3 grs. of iodothyrin	63	84
3.31.00		57	84
3.32.00		57	80
3.33.15		58	80
3.33.30	inj. of 3 grs. of iodothyrin	63	84
3.34.45		56	82
3.35.45		56	82
3.37.00		63	82
3.37.15	inj. of 3 grs. of iodothyrin	63	86
3.37.30	inj. of 3 grs. of iodothyrin	63	88
3.38.00		53	90
3.38.15	inj. of 3 grs. of iodothyrin	63	90
3.38.30	inj. of 3 grs. of iodothyrin	50	90
3.38.45	inj. of 3 grs. of iodothyrin	57	90
3.39.00	inj. of 3 grs. of iodothyrin	57	86
3.39.30	inj. of 3 grs. of iodothyrin	59	90
3.40.00		48	90
3.40.15	inj. of 3 grs. of iodothyrin	54	90
3.40.45		62	90
3.41.45		63	88
3.42.45		63	86
3.44.00		58	84
3.45.00		61	82
3.46.00		61	82
3.47.00		62	80
3.48.00		62	80
3.49.00		67	80
3.50.00		66	80
3.51.00		67	80

EXPERIMENT 44. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
4.00.00		64	88
4.00.15	inj. of 3 grs. of iodothyrin	67	90
4.00.30		64	90
4.00.45	inj. of 3 grs. of iodothyrin	65	94
4.01.00	inj. of 3 grs. of iodothyrin	64	94
4.01.15		64	92
4.01.30	inj. of 3 grs. of iodothyrin	62	94
4.02.00		63	94
4.02.15	inj. of 3 grs. of iodothyrin	64	94
4.02.45		61	92
4.03.00	inj. of 3 grs. of iodothyrin	63	94
4.04.00		61	94
4.05.00		62	86
4.08.00		74	88
4.09.00		94	76

Digitized by Google

4.10.00	63	76
4.11.00	64	76
4.12.00	67	72
4.13.00	68	72
4.14.00	73	72
4.15.00	83	74
4.16.00	66	74
4.17.00	63	78
4.18.00	65	76
4.19.00	68	80
4.20.00	69	78
4.21.00	78	90
4.22.00	70	84
4.23.00	70	80
4.24.00	70	80

RESPIRATION.

It increased, when given by the jugular, the rate of breathing. The same result ensued after section of the vagi.

EXPERIMENT 45. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A.M.		Respiration.
9.12.00		95
9.12.15	inj. of $^1/_{32}$ gr. of iodothyrin	87
9.13.00		92
9.14.00		92
9.15.00		97
9.16.00		100
9.17.00		100
9.18.00		103
9.19.00		99
9.20.00		100
9.20.15	inj. of $^1/_{32}$ gr. of iodothyrin	101
9.21.00		98
9.22.00		100
9.23.00		104
9.24.00		99
9.25.00		99
9.28.00		88
9.29.00		93
9.30.00		93
9.30.15	inj. of $^1/_2$ gr. of iodothyrin	90
9.31.00		92
9.32.00		89
9.33.00		88
9.34.00		96
9.35.00		92
9.35.15	inj. of $^1/_2$ gr. of iodothyrin	95
9.36.00		95
9.37.00		93
9.38.00		96
9.39.00		98
9.40.00		96

EXPERIMENT 46. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, P.M.		Respiration.
4.17.00		71
4.17.15	inj. of $^1/_{32}$ gr. of iodothyrin	54
4.18.00		72
4.19.00		76
4.20.00		82
4.21.00		72
4.21.15	inj. of $^1/_{32}$ gr. of iodothyrin	62
4.22.00		78
4.23.00		82
4.24.00		83
4.25.00		85
4.28.00		82
4.29.00		85
4.30.00		82
4.30.15	inj. of $^1/_2$ gr. of iodothyrin	75
4.31.00		85
4.32.00		83
4.33.00		87
4.34.00		83
4.34.15	inj. of $^1/_2$ gr. of iodothyrin	69
4.35.00		80
4.36.00		79
4.37.00		81
4.38.00		75

THYROID.

Oliver and Schäfer found that the thyroid produces a fall of blood-pressure. My previous experiments showed that it lowered the blood-pressure, as already discovered by Oliver and Schäfer. I also found that it lowered the heart-beat whether the vagi were cut or atropine had been given. The lowering of arterial tension does not depend upon the main vasomotor centre being attacked, for the same result ensues after it is cut off. It is highly probable that this agent acts directly upon the heart.

REFLEXES.

In the frog it depressed the reflexes. The same result ensued after a section cutting off the entire brain. It had no action upon the nerve-muscle preparation.

EXPERIMENT 47. Frog; cerebrum ablated; H_2SO_4 reflex.

Digitized by Google

Time, P M.		
3.34		13
3.35	inj. of 1 gr. of thyroid powder	
3.40		11
3.45		16
3.50		16
3.55		16
4.00		18
4.05		15

EXPERIMENT 48. Frog; cerebrum ablated.

Time, A.M		
9.35		7
9.36	inj. of 1 gr. of thyroid powder	
9.40		25
9.45		10
9.50		11
9.55		10
10.00		8
10.05		8

EXPERIMENT 49. Frog; cerebrum ablated.

Time, A M.		
8.27		9
8.28	inj. of 1 gr. of thyroid powder	
8.33		19
8.38		30
8.43		10
8.48		15
8.53		12
8.58		10

EXPERIMENT 50. Frog; brain cut off.

Time, A M.		
10.29		11
10.30	inj. of 1 gr. of thyroid powder	
10.35		13
10.40		12
10.45	inj. of 1 gr. of thyroid powder	14
10.50		14
10.55		14
11.00		14

EXPERIMENT 51. Frog; brain cut off; H_2SO_4 reflex.

Time, P.M.		
4.17		12
4.18	inj. of 1 gr. of thyroid powder	
4.23		22
4.28		27
4.33		23
4.38		15
4.43		19
4.48		18

RESPIRATION.

It increased the rate of respiration whether the vagi were divided or not.

EXPERIMENT 52. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A.M.		Respiration.
9.12.00		25
9.12.15	inj. of $^1/_{32}$ gr. of thyroid	28
9.13.00		29
9.14.00		30
9.15.00		25
9.16.00		29
9.16.15	inj. of $^1/_{32}$ gr. of thyroid	31
9.17.00		26
9.18.00		29
9.19.00		29
9.20.00		27
9.20.15	inj. of $^1/_{32}$ gr. of thyroid	24
9.21.00		25
9.22.00		22
9.26.00		27
9.27.00		15
9.28.00		16
9.28.15	inj. of $^1/_2$ gr. of thyroid	21
9.29.00		18
9.30.00		16
9.31.00		18
9.32.00		17
9.32.15	inj. of $^1/_2$ gr. of thyroid	20
9.33.00		18
9.34.00		17
9.35.00		16
9.36.00		16
9.37.00		19

EXPERIMENT 53. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, P.M.		Respiration.
3.13.00		52
3.13.15	inj. of $^1/_{32}$ gr. of thyroid	45
3.14.00		52
3.15.00		56
3.16.00		55
3.16.15	inj. of $^1/_{32}$ gr. of thyroid	56
3.17.00		50
3.19.00		52
3.20.00		49
3.23.00		46
3.24.00		49
3.25.00		47
3.26.00		47
3.26.15	inj. of $^1/_2$ gr. of thyroid	43

Digitized by Google

3.27.00		40
3.28.00		34
3.29.00		40
3.30.00		42
3.31.00		44
3.31.15	inj. of $^1/_2$ gr. of thyroid	34
3.32.00		34
3.33.00		37
3.34.00		40
3.35.00		45

(*To be continued.*)

Now is the Time to Subscribe. — By sending $1.75 to the F. A. Davis Company, new (or old) subscribers will obtain THE MEDICAL BULLETIN for one year and a copy of "Obstetric Surgery," by Egbert H. Grandin, M.D., and George W. Jarman, M.D., a well-bound, and well-illustrated work, the regular price of which is $2.50, net. "Obstetric Surgery" is an admirable exposition of a most important subject.

SURGERY OF SEROUS CAVITIES.

BY ERNEST LAPLACE, M.D., LL.D.,

Professor of Surgery and Clinical Surgery in the Medico-Chirurgical College; Surgeon to the Medico-Chirurgical, Philadelphia, and St. Agnes's Hospitals.

REPORT OF EIGHT CASES OF EMPYEMA, SIX CASES OF TUBERCULAR PERITONITIS, AND FORTY CASES OF HYDROCELE.

SINCE the anatomy of serous cavities is constant, it follows that the principle underlying the cure of affections in any locality lined by a serous membrane must be the same, whether pleura, pericardium, peritoneum, or tunica vaginalis. Any inflammation violent enough to have given rise to suppuration will end, or, in other words, the cure will only be obtained, by the total obliteration of the serous sac. To reach this, two great principles must constantly be held in view. The first is drainage, and the second an aseptic condition, whereby the efforts of nature in the formation of granulation tissue will avail, and the least possible number of leucocytes and fibroblasts are destroyed and transformed into pus by micro-organisms.

The type of such a condition would be a case of empyema, wherein the pathological condition subsides by the union of the costal with the pulmonary pleura. In tubercular peritonitis—the most tractable form of peritonitis—a disappearance of the affection results when possibility is given for the obliteration of the pus-holding cavity. In hydrocele we find that the so-called radical cure is to be obtained only by such measures as result in chronic inflammation, whereby the cavity of the serous sac is obliterated.

The two conditions above mentioned being reached, sound hygienic measures remain as the only supplement to the treatment. Without going into any historical account of the treatment of affections of serous sacs,—for these are varied, and necessarily so, according to the various steps through which medicine has progressed,—we will briefly describe the changes that actually take place in the serous membrane; study the fluids incident to the disease; the removal of this fluid and the subsequent changes in the serous walls; the building of fibrous tissue; the cure.

A fibrous layer lined by pavement epithelium is the essential portion of a serous membrane; below it blood-vessels, ramifying in a horizontal direction, near the fibrous layer, supply nutrition to the membranes. Granted an irritation, a congestion soon results, whereby the serous portion of the blood exudes from the surface of the membrane; so that the stage following the congestion is necessarily one of more or less exudation. This highly nutritive culture-medium requires but the access of a few micro-organisms—generally through the blood—to develop and form enormous colonies. Toxins result, irritation is increased, followed by increased secretion, more culture-medium, more development of bacteria, until so great is the amount of toxins that death of white blood-corpuscles follows, and the formation of pus is the result.

Such is the course of an acute infection of a serous sac. Granted a suppurating serous surface, this must necessarily be devoid of its epithelium. In subacute and chronic cases, conditions necessarily de-

Digitized by Google

mand a slower process, whereby the congestive stage is continuous, the irritation being mild and constant, and at no time violent enough to destroy the migrating white blood-corpuscles. In these cases, therefore, the affection is limited to an exudation, such as is found in simple pleurisy with effusion and hydroceles. These conditions, such as above described, are general,— that is, although different cases might apparently answer such a description, still many and varied may be the causes that have started the processes and are still at work. The various streptococci of suppuration are nearly always present, these forming, in the vast majority of cases, the primary infectious element; in other words, a condition similar to an abscess or a furuncle has developed over the whole surface of the sac.

Often, however, the tubercle bacillus gradually invades a primarily irritated surface of serous mebrane, and, developing, becomes the cause of a mass of pus there collected, which pus may be apparently free from living micro-organisms; not entirely, however, for even in such cases, should a small amount of this pus be injected in guinea-pigs, they will at the end of one month show unmistakable signs of tuberculosis. Whatever be the initial cause of the affection, it remains true that the condition to be aimed at for the cure is the same,— *i.e.*, thorough drainage and disinfection, together with subsequent formation of fibrous tissue.

I purposely describe this process as concisely as possible, that it might remain fixed and guide us in all affections of serous sacs. I will relate the following cases, most of which have occurred in the wards of the Philadelphia and Medico-Chirurgical Hospitals during my terms of service from 1891 to the present time. Eight cases of pyothorax, six cases of tubercular peritonitis, and forty cases of hydrocele. Without going into a detailed history of each case, I will mention simply such points as will bear more particularly upon the special mode of treatment.

Case I. Pyothorax.—Laborer, aged 49; no family history; had pneumonia two years ago; for three weeks has suffered violent pains in the right side. Morning temperature, 100° F.; evening, 102° F. Diagnosis of pyothorax being made, a resection of the sixth rib was practiced in the axillary line. An incision three inches long having been made directly on the rib, it was exposed to the extent of two inches, and about one inch was removed by means of the costatome. A large amount of pus was evacuated, thick and yellowish in character. The pleural cavity was then thoroughly washed with sterilized hot water until the liquid came away quite clear. A large piece of iodoform gauze was twisted in the fashion of a rope, and was packed into the cavity as far as could be reached with a long probe. The patient rallied easily from the operation. Temperature did not rise above 100° F. subsequently. A large amount of sero-pus drained off from the cavity. The packing was renewed every two or three days. The patient's condition improved rapidly. Appetite returned. Two months after the operation the wound had entirely closed, without the presence of a sinus.

A small amount of the pus was withdrawn from the pleura at the time of the operation and injected into a guinea-pig, causing death of the animal from septicæmia.

Case II.—Young man, aged 21 years; tubercular antecedents; no history of previous disease. During the past two weeks has suffered with pain in the right side, and gradually developed an area of dullness, which presented but little vocal fremitus. Evening temperature, 102° F.; morning 99° F. An inch of the sixth rib being removed, in the axillary line, about one-half pint of thick creamy pus was evacuated. Careful irrigation with hot water, and subsequent packing of the cavity with a long strip of iodoform gauze, followed; during three weeks packing was renewed twice a week. The discharge, which was at first profuse and purulent, had gradually lessened, and was now of a clear appearance. At no time did the patient complain of any pain from the packing. When he left the hospital, eight weeks after ad-

Digitized by Google

mission, he still retained a slight fistula, from which a little oozing took place. The patient had gained ten pounds from the date of the operation.

A small amount of pus from his pleura, being injected into a guinea-pig, produced death by acute infection.

Case III.—Sailor, aged 36, presented the symptoms of accumulation of fluid within the left pleura; temperature, 101° F. in the morning, 104° F. in the evening; respiration, 30; pulse, 110; apex-beat of the heart felt a little to the left of the ensiform cartilage. Under ether a similar resection of the sixth rib, in the axillary line was performed, and a careful flushing of the pleura practiced with hot water. This was followed by thoroughly packing with iodoform gauze as far as could be reached with a long probe. The reaction after the removal of about a pint and a half of pus was prompt. Drainage took place with the greatest facility, an average of at least two or three ounces of fluid being drained off from the thorax daily. Recovery was rapid, and one month after the operation there ceased to be any discharge from the wound, and the patient left the hospital cured.

Case IV.—A woman, aged 40; alcoholic; syphilitic antecedents; had pneumonia one year ago; presents general dullness on the right side, together with diminished vocal fremitus; respiration, 30; pulse, 100; temperature, 103½° F.; no evidence of any active syphilitic manifestations. Four days after admission, resection of the sixth rib, in the axillary line was practiced, and the wound was packed with iodoform gauze. No pain resulted; but, on the contrary, she felt, as she expressed it, "a sense of support on that side." The oozing was abundant, but less so with subsequent dressings, which were renewed twice a week. The patient's case was complicated by a violent attack of diarrhœa, which seemed to retard her progress toward cure. However, at the end of nine weeks she left the hospital, apparently well.

She subsequently returned to the hospital with a fistula, which was permanently drained by means of a tube.

Case V.—A boy, aged 14; very much emaciated, and of tuberculous parentage; has a hectic flush; coughs incessantly; no appetite; right side bulging somewhat; diagnosis: a pleural effusion. A resection of the sixth rib, in the axillary line, was practiced, and about eight ounces of thin, yellowish fluid was withdrawn. In this no micro-organisms could be detected microscopically. About one drachm of this pus, however, being injected into a guinea-pig caused in the animal the development of tuberculosis of the lymphatic glands of the abdominal cavity, as well as tubercular deposits in the liver and lungs, leaving but little doubt that in this case the pyothorax was really a tuberculosis of the serous membrane. The same system of packing was resorted to, but without the same rapidly beneficial effect. The secretion of pus seemed to continue unabated for one month. Finally, it decreased and when the boy left the hospital, two months after admission, a large sinus still existed. Further trace of the case was lost.

Case VI.—A man, aged 60; very emaciated; dullness over both lungs; diagnosis of tuberculosis of the left lung, tuberculosis and pleural effusion of the right thoracic cavity. In spite of the desperate condition of the patient, owing to dyspnœa, the sixth rib was resected to the extent of four inches in the axillary line. The patient stood the operation without marked shock. Packing of the cavity was resorted to, but no improvement seemed to follow, and death resulted within four days after the operation. The autopsy revealed large tubercular deposits in both lungs, together with a thickened pleura, lined with tubercular membranes.

Case VII.—Female child, aged 8 years; bright, but delicate; respiration, 30; temperature, 102° F.; has considerable pain in left side. Auscultation revealed the presence of fluid, which, owing to the child's delicate appearance, was removed by means of the trocar. The fluid proved to be yellowish green in character, and somewhat purulent. Twelve ounces of it were removed, and in a week the distension of that side appeared almost as great as it had been

Digitized by Google

at first. Resection of the sixth rib was then performed, and the cavity packed with gauze. About a pint of fluid was removed. The child was placed on the syrup of hypophosphites, and apparently progressed toward recovery. She was seen a year later, and auscultation revealed a marked diminution of respiration over the affected area, giving evidence of an adhesion of the lung to that side.

Case VIII. — Male, aged 45; much emaciated, and giving history of chronic articular rheumatism; temperature, 102½° F.; pulse, 100; respiration, 30; dullness of the right side and diminished vocal fremitus directed our attention to an effusion. The patient at first refused an operation, but, after a week's aggravation of the case, finally consented. Two pints and a half of a rather offensive fluid pus were removed, the effusion, no doubt, having been secondarily infected by some saprogenic germ. The same system of packing and draining with iodoform gauze was resorted to; the wound was dressed twice a week; general tonics were administered. One month after the operation the patient left the hospital, entirely cured.

Tubercular Peritonitis. — Six cases came under my observation of which four were men and two women.

Case I.—A laborer, aged 25; has a continued hectic flush; slight deposits in the apex of the left lung; tubercular antecedents. A marked fluctuation was detected in his distended abdomen. After one month's duration of the case, a two-inch incision was made in the median line, midway between the umbilicus and arch of the pubis; the peritoneum was opened to the extent of two inches, and fully two quarts of pus were removed; the abdominal cavity was flushed with a large amount of water, and drained with iodoform gauze. The patient's temperature subsequently was never above 99½° F. Appetite improved as well as the general symptoms. A month after the operation the patient was able to leave the hospital.

Case II.—A woman, aged 40; no previous history; husband died of tuberculosis six years ago; has been suffering with obscure pains about the abdomen; night-sweats; fluctuation barely to be detected. An incision being made into the abdominal cavity, on the median line, about two pints of pus were removed, the cavity was carefully flushed with hot water, and a large iodoform drain applied. Improvement immediately followed, which resulted in a complete cure at the end of three weeks.

Case III.—A woman, aged 25; married; had a child six months ago; three months ago began to suffer obscure pains in the right iliac region, which gradually spread over the rest of the abdominal cavity; abdomen began to distend; no interruption in her menstrual periods; temperature, 102½° F.; fluctuation slight. An incision being made into the linea alba, about a pint and a half of thick pus was removed; the abdominal cavity was carefully washed with hot sterilized water, and an iodoform-gauze drain was applied. Copious saline cathartics were given. At the end of two weeks suppuration had ceased, and an uninterrupted recovery took place.

Case IV.—A laborer, aged 30; father and mother died of tuberculosis; has been well, though not strong, until six months ago, when there were obscure pains in the abdomen, and a gradual distension took place; at present has night-sweats and occasionally chills; pain quite marked on pressure over the region of the abdomen; no tympanites. An incision in the median line liberated about one gallon of thin, yellowish pus. A large amount of organized fibrin was also evacuated, and a small portion of protruding tubercular omentum was excised. This patient seemed very much exhausted from the operation, and never fully rallied, though he did not die until the fourth day after the operation. It was unmistakably—as the post-mortem revealed—a case of disseminated tuberculosis, to which the operation seemed to give an acute turn, and which was a climax of a progressive tubercular condition of the lung.

Case V.—Boy, aged 6 years; great distension of the abdomen. There was dullness, and a slight suspicion of fluctuation. An incision was practiced, and about eight

Digitized by Google

ounces of pus were removed. This seemed to relieve the condition, for no complication followed. The gauze was removed on the tenth day, and a gradual recovery took place. The child had kept well six months after the operation.

Case VI.—Laborer, aged 52; has not been well for several years; very much emaciated; abdomen tympanitic in places, but dull on the anterior surface; hectic, night-sweats; loss of appetite; dullness at the apex of right lung. An incision being practiced in the median line, about ten ounces of pus were removed, the cavity flushed, and an iodoform gauze applied. After the usual treatment, the patient left the hospital cured.

HYDROCELE.—It would be tedious to relate the details of the forty cases that we have collected. Suffice it to say, that in no case was the hydrocele attributed to other than the ordinary causes. They existed in patients ranging from 15 years of age to 85. Their size varied from that of a walnut to that of a child's head. In every case—knowing the absolute necessity of a radical cure—the radical treatment was applied,—viz., in eight cases puncture and subsequent injection of irritating substances, such as compound tincture of iodine, 1 drachm; or carbolic acid, 10 drops; or a 10-per-cent. solution of chloride of zinc, ½ drachm.

In all of these cases pain was excruciating, swelling enormous, and withal, though ultimately followed by a cure after the subsidence of the violent acute inflammatory condition, it must be admitted that the treatment was violent and almost unbearable. In the treatment of our subsequent cases, however, we departed from this custom, and to obtain the same result applied rather the treatment similar to that which we had found so successful in corresponding conditions of other serous membranes,—*i.e.*, free evacuation by means of an incision, and subsequent packing of the serous sac by means of iodoform gauze, whereby drainage, disinfection, and a certain amount of irritation might be kept up. The iodoform gauze was irritating enough to promote the condition of chronic inflammation, whereby granulations would be formed, which would result in the joining together of the serous surfaces, such as we agreed was absolutely necessary for the final cure of the condition; but over and above this, the opening caused by the incision and the presence of the iodoform gauze afforded the best possible conditions for drainage, thereby avoiding the possibility of the violent reactionary inflammation and swelling, such as took place in the methods of treatment by the injection of violent irritating substances.

In addition to the above principles, I have, in the last five years, dissected out most of the sac, removed it, and packed with iodoform gauze. For it often occurs that, in large hydroceles, there is a redundancy of tissue, and the obliteration of the sac is materially hastened by a resection of it.

The following is the mode of procedure which we propose, placing perfect drainage as the main condition of success. The hydrocele is grasped firmly in the left hand and made tense. A free incision is made into the sac, and when the serous surface has been thickened, as occurs in cases of long standing, gentle scraping is made with a sharp spoon. The sac is resected. Packing with iodoform gauze is then resorted to. The iodoform acts as an antiseptic and gentle irritant, promoting the formation of granulations. Drainage is carried on perfectly; hence no swelling or pain at any time. This packing is removed every three or four days. The surfaces are then covered with granulations, and it takes but moderate compression by a bandage to cause adhesion of these granulating surfaces; hence obliteration of the sac and final cure of the hydrocele. The outer wound soon cures by granulation, and at no time is there any pain. We read that Heister,* in the last century, proposed a free incision and stuffing the cavity as one of his five plans of treating hydroceles; of this fact we were not aware until quite recently, and it might thus seem that medical methods unconsciously move in a circle.

* Quoted by Packward, Canadian Practitioner, February, 1889.

Digitized by Google

But in those days the principles of drainage, antiseptics, and tissue-genesis were not understood; to-day they form the tripod of modern surgery, illustrating the dictum of Sir James Paget, that "medicine does not move in circles, but in the windings of an ever-ascending spiral."

At Half-rates.—For a limited period, $1.75 sent to F. A. Davis Company will secure a year's subscription to THE MEDICAL BULLETIN and a copy of that masterly work, "Obstetric Surgery," by Drs. Egbert H. Grandin and George W. Jarman. The book is a standard and the text is profusely illustrated. Its selling-price is $2.50, net.

CO-EXISTENCE OF AN ANOMALOUS URETER AND A VEGETATIVE ENDOCARDITIS IN THE SAME CASE.

BY JOHN A. MCKENNA, M.D.,
Resident Physican at the Medico-Chirurgical Hospital, Philadelphia.

WHILE the existence of two ureters connecting one kidney with the urinary bladder is in itself of sufficient rarity to deserve more than passing mention, it was my good fortune to find, at a recent necropsy, besides this abnormality the presence of a pathological condition of much more professional interest,—an infantile vegetative endocarditis.

Either of these uncommon qualities would be worthy of record, and the synchronous discovery of both is almost embarrassing as to which merits the greater attention; but as the anomalous state of the ureter was simply a freak of nature and the cardiac vegetations were of pathological development—and therefore of more import and concern to the physician—I have dwelled at more length on the latter, although the anomaly will be recited first.

In the course of the autopsy, I found before the removal of the right kidney that, instead of the usual ureter issuing from the hilum of the kidney, there were two canals: one at the lower, the other at the upper, end of the fissure. It was the left of these ducts that I judged to have the normal issuance.

About three centimetres from the renal pelvis was a seeming coalescence, which, upon closer inspection, I found to be not a coalition, but the inclosure of the ureters in a single sheath, that was, with no difficulty, torn off, leaving the ureters complete to their entrance into the wall of the bladder. Here they joined and emptied through a common opening: slightly larger than the corresponding one on the left side.

The accompanying photograph shows clearly the irregular ureter, its points of exit from the kidneys, and the spot at which its sections pass into the bladder. I found it impossible to reproduce the anomaly if the kidneys, ureters, and bladder were placed in the normal position; so it was necessary to pose them in this somewhat diagrammatic attitude before the camera to illustrate the abnormity.

That which in the photograph is the left tube of the double ureter, when disclosed passed over the right duct two centimetres from the bladder, and did not enter the bladder above, as the photograph makes it appear, but below.

Both kidneys were unusually lobulated, and the left ureter, aside from its unusual size, compared with the right channels, was distended in its upper half to an uncommon diameter. A slight fluctuation was felt in this section of the canal, and an incision made at the broadest part permitted the emission of a thick, yellow-colored matter, semifluid or almost cheesy in its consistency. A microscopical examination of the exudate revealed no pus-corpuscles, simply *débris* (degenerated epithelium, a few urates, etc.). The bladder contained a quantity of the same degenerated matter; but, as the cyst was not opened until several days after the autopsy, I cannot say whether the caseous material, similar to that found in the ureter was there at the time of death or was a post-mortem conversion.

After examining with care the literature of the subject I can find but one other case reported by an American physician in which an anomalous condition of a ureter existed. Allen, in the Medical News (Philadelphia, 1873-'74), cites a case in

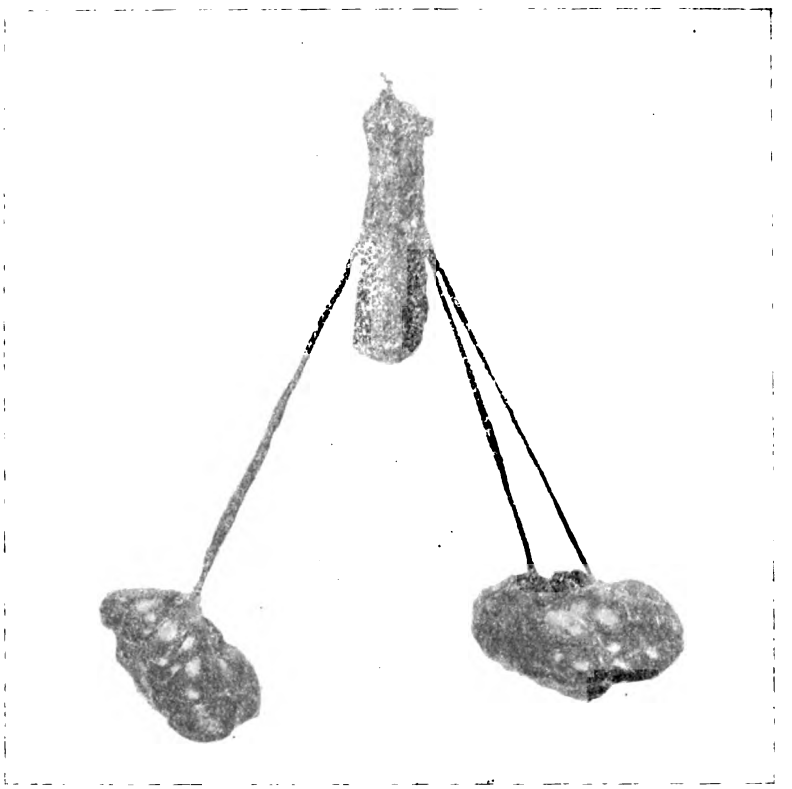
Digitized by Google

which an elongated kidney was found with two ureters. Tyson, however, in the Philosophical Transactions of the Royal Society of London (1731), records the discovery of four ureters in one subject.

Among the Continental writers, Griffon mentions a case in the Bulletin de la Société Anatomique de Paris (1894) in which he found two ureters existing on the left side that continued separate to their entrance into the bladder, which they penetrated through two orifices, one above the other. In the same journal Ledeberder (1834-'35) reports an instance of double origin of a ureter. Coëyne (1874) mentions duplication of the ureters on both sides, and Morestin writes of a case resembling Coëyne's.

Molinetti (1669), however, stands first for multiplicity, having reported finding six ureters in a case of which he made a post-mortem examination.

Having given as concisely as possible the points of interest which accompanied the renal abnormity, I will report the heart's condition,—not an easy task, since the presence on the cardiac valves of vegetations whose origin is of an unknown character and not traceable to any particular source is a subject which is still a mooted one. I must, therefore, confine myself almost wholly to the simple statement of facts as I found them, leaving it to my more seasoned brethren in the profession to deduce and conjecture.



Anomalous ureter on the right side, from a child fourteen days old.

Perhaps to give a brief history of the child may prove of some interest and help in throwing light on the condition.

A. H., a male infant, died in the Maternity Department of the Medico-Chirurgical Hospital on February 12th, aged 14 days. The cause of death was dubious, but was narrowed, the day before the child died, to either inanition or pneumonia. To ascer-

Digitized by Google

tain the exact cause, if possible, the autopsy was made on the evening of the 13th. Some difficulty was experienced in obtaining permission to make a post-mortem examination; hence the delay.

The child was born on January 29th, after a lengthy labor, unattended, however, by any complications in delivery. The infant was apparently in a healthy condition, breathing spontaneously and having a temperature of 98.4°. Twenty-four hours after birth marked the onset of a bronchitis, the severity of which advanced rapidly until the following day the temperature rose to 102.4°, and the child was seized with a violent convulsion, which was succeeded, on the same day, by two other convulsions. Chloroform was used to control all three spasms, and the child given small doses of bromide and chloral per rectum.

Emaciation began on the second day and advanced markedly. The concomitant bronchitis proved obstinate and unyielding to treatment for several days, but then gradually lessened in its viciousness and was subjugated. The emaciation and gradual weakening which the infant underwent then became the more important factors to be dealt with. Convulsions continued at intervals, with a temperature ranging from 100° to 104.3°. The child was barely alive on the 12th day, and on the 14th it died.

The necropsy was done the following evening, and briefly this was the result:—

Lungs.—Evidences of an acute congestion,—hypostasis. No pneumonic condition apparent.

Liver.—Normal, but bile-stained.

Spleen, normal.

Kidneys, as described.

It was impossible to examine the brain, as permission could not be obtained to open the skull.

The heart was filled with clotted blood. The vegetations were found as soon as the heart was opened, for the first cut laid open the mitral valve. The minute growths made a beautiful illustration, showing brilliantly against the auricular surface of the valve on the free edge of the leaflets. In color, bright red; translucent, smooth, and not covered with fibrin, as, I believe, they generally are. They were quite freely distributed.

Besides their existence on the mitral valve, they were found on the tricuspid valve, also on its auricular surface. The vegetations were not so well formed or abundant on this valve as on the mitral, nor were they as uniformly distributed. They were, however, much larger and more developed, and probably were the initial group, taking precedence in formation to those of the mitral valve.

Microscopically the vegetations furnished but little information, for they were simply a proliferation of subendothelial tissue. There was no deposition of micro-organisms on the vegetations as far as could be ascertained.

As the vegetations seemed not of sufficient development to have caused an endocarditis of such severity as to be in itself responsible for death, and there was not enough congestion apparent in the lungs to have brought about the child's end, I can but attribute the death to a general inanition. Whether the endocarditis caused the condition found in the lungs or *vice versâ,* or whether the vegetations had prenatal existence, are questions I cannot answer or even infer.

A history of the mother might be of some worth in the establishment of a reason for the vegetations.

She had, when a child, only measles and whooping-cough. No history of rheumatism in self or parents, but, following the single intercourse which resulted in the production of the child, she noticed "a white, then a yellowish, discharge" from the vagina, which became very severe, then gradually lessened and disappeared. No evidences of specific infection were visible at examination a month ago, and that we have here a history of gonorrhœa is questionable, for it is well known that a purulent discharge may follow the initial coitus and much resemble gonorrhœa. The brevity of the duration of this discharge points rather toward simple and not gonorrhœal infection.

The case must therefore be left in the

Digitized by Google

hands of the pathologists, furnished with these meagre details. The unusual existence in so young a subject of vegetations on both mitral and tricuspid valves calls for some little extra attention, and I am glad to furnish this, even though it be an inadequate report.

A Good Journal and a Good Book.—New subscribers to THE MEDICAL BULLETIN will obtain for $1.75, sent to The F. A. Davis Company, this journal for a year and a well-bound copy of the excellent treatise by Drs. Egbert H. Grandin and George W. Jarman, entitled "Obstetric Surgery." THE MEDICAL BULLETIN is abreast of the times, and "Obstetric Surgery" treats in a thoroughly practical manner a subject of the highest importance. Old subscribers will have their subscriptions advanced one year and receive the book also, by sending same amount.

Abstracts.

The Prognostic Value of Varicocele in Tumors of the Kidney.

At a meeting of the French Urological Association, M. Legueu, of Paris, said that varicocele symptomatic of renal tumors had not only the great diagnostic importance attributed to it by M. Guyon, but also possessed great worth as regards prognosis. From a clinical and anatomo-pathological study the speaker was convinced that varicocele is not due to compression of the spermatic vein by the tumor, but by degenerated glands. He had had recently the opportunity of confirming upon a patient the conclusions to which he had been led two years ago. A patient presented himself with the three principal manifestations: hæmaturia, varicocele, and tumor of the left lumbar region. The diagnosis was cancer of the left kidney, large in bulk; and an exploratory laparotomy was performed in order to learn the size and connections of the growth. During the operation he perceived that the spleen only was enlarged, and that the kidney showed no degeneration. The patient did not react and died at the end of two days. At the autopsy a cancerous growth was found in the left kidney, together with an enormous mass of enlarged glands along the vertebral column and compressing the spermatic vein.

The case shows conclusively that there is no relation between the size of the tumor and the occurrence of varicocele. The latter is only an external sign of the secondary glandular involvement. According as a cancer is accompanied by a precocious or delayed varicocele we may conclude that the glands have been implicated. This conclusion, therefore, diminishes the hope that had been founded upon the results in the case of small tumors hitherto considered as curable by nephrectomy. In these conditions we should either not operate or, if intervention be attempted, all the glandular masses should be removed.—La Tribune Médicale.

Relations of Nephritis and Tuberculosis.

At La Charité M. Potain, in connection with a case under his care, drew attention to the relations between nephritis and tuberculosis. The patient had for two years exhibited signs of nephritis: evening headaches, œdema of the lower limbs, and albuminuria. The abdomen was large and appeared to contain liquid. He complained of digestive disturbances. The general health had never been very good. There were frequent cough and marked emaciation. Palpation of the kidney revealed nothing unusual. No abnormality was discovered by auscultation of the heart. There was no hypertrophy or any variety of murmur. Examination of the lungs elicited the signs of an effusion at the left base. The effusion, however, was old. In other parts of the chest emphysema was found; there was tympanic resonance, with feeble respiration and prolonged expiration. In short, the patient, without assignable cause, was attacked by nephritis, followed by ascites and pleurisy, with cough and emaciation.

Ascites accompanied by digestive disor-

Digitized by Google

der closely resembles tuberculous peritonitis. The pleurisy is not acute and has the characteristics of a tuberculous effusion. Finally, the arterial pressure is extremely low. All the signs concurred in pointing to a tuberculous affection obscured by the presence of pulmonary emphysema. The question then arises: had a patient suffering from nephritis become tuberculous or had a tuberculous subject contracted nephritis? M. Potain believed tuberculosis to be the primary disease. It is known that the part taken by that malady in disorders of the kidney is very variable. In some cases the entire kidney is invaded, as in granuloma; in others it contains tubercles, which become caseous and create actual cavities. In some instances the tubercles are rare and disseminated. Finally, in certain cases tubercles are absent and the bacillary infection is represented only by nephritis. The speaker thought that in this patient there were probably no tuberculous granulomata, but that the symptoms depended upon a catarrhal nephritis.

The prognosis was doubtful on account of the abundance of albumin in the urine. The treatment was directed especially to the albuminuria. It consisted of a rigid milk diet, the administration of tannic acid, and tannic acid combined with iodine. These agents were alternated with arsenic. The pleurisy was accidental, and will probably disappear. It was treated by means of Vigo's plaster.—La Médecine Moderne.

Œdema and Ecchymosis of Hysterical Origin.

M. Halipré, of Rouen, cites a case, observed in 1894 at La Salpêtrière in the service of M. Brissaud. The patient was a woman, 43 years of age, free from hereditary neuropathic taint. When about 14 years of age, in consequence of emotion caused by the sting of a wasp, she experienced, at the precise site of the injury, a slight œdema, which disappeared in the course of a few days. Since that time the œdema had appeared one or several times a month, sometimes upon the limbs and sometimes upon the face. In addition to the œdema spontaneous ecchymosis sometimes occurred. Both the œdema and ecchymosis were characterized by being indolent, spontaneous, and evanescent.

The patient entered the hospital in 1894 on account of rather serious laryngeal manifestations, which threatened to require tracheotomy and which were due to œdema of the larynx and pharynx. She had no sign of renal or cardiac trouble. The classical stigmata of hysteria were absent. The patient, however, confessed that at the age of 20, in consequence of vexations, she had suffered from an attack of vomiting and this had often been repeated since that time.

The special characteristics of the vasomotor disturbances and vomiting caused them to be regarded as of hysterical origin.

An interesting fact connected with this case is that the patient's daughter, 18 years old, has, since the age of 2, had manifestations similar to those of her mother.—La Médecine Moderne.

Frontal Sinusitis and Abscess of the Brain.

Dr. Rafin describes the case of a woman, 25 years of age, in whom, consecutive to an acute coryza, there occurred a swelling in the left superciliary region. The tumefaction, when incised, gave exit to pus and subsequently to sequestra. The alleviation was of short duration, for intense headache soon developed and was followed by diminution of vision. In July of 1896, a year and a half after the beginning of the disease, a frontal fistula still existing, double optic neuritis was manifested. A sphenoidal sinusitis was diagnosticated, and it was decided to drain the left frontal sinus, the ethmoidal cells, and sphenoidal sinus of the same side. An immediate operation was attempted in order to learn the condition of the three cavities. The ethmoidal cells and the sphenoidal sinus were found healthy. Upon the posterior surface of the frontal sinus M. Rafin detected a swelling which, when pierced by the needle of an hypodermic syringe, was

Digitized by Google

found free from pus. Subsequently, however, an abundance of pus was discharged and a probe could be passed through the dura mater in the direction of the frontal lobe for a distance of several centimetres. In September of the same year a large incision was made into the dura mater, and a considerable quantity of pus evacuated from the base of the frontal lobe. The patient had moderate fever, but improved.

In January of 1897 only a small frontal fistula existed. On the 13th of that month the patient was attacked by convulsions, which were repeated upon the following days and accompanied by intellectual disorder. On the 15th M. Rafin trephined, making a large opening over the left sinus. He found the cerebrum congested and could pass from below upward a stylet into the frontal lobe, but detected no pus. Three punctures of the brain with a large trocar were also without result. Two days later the convulsions diminished in number and the patient began to mend. In May of 1897 the patient was troubled only by a small fistula connecting with the ethmoidal cells, and her vision seemed to have improved. The general health was excellent.—Revue hebdomadaire de Laryngologie, etc.

Phlebitis of the Leg Consecutive to Streptococcic Angina.

At a meeting of the Medical Society of the Hospitals M. Troisier, in his own name and that of his interne, M. Decloux, spoke of the case of a young man 19 years of age. Phlebitis has rarely been observed to follow pultaceous or herpetic angina. In this case the phlebitis, which was mild, developed in the leg during convalescence from a pultaceous angina manifestly of streptococcic origin. Culture of the blood was, indeed, negative, but the examination was not made until three days after the appearance of the phlebitis, when it was much too late to expect positive results. It is known, moreover, that streptococci are rarely found in the blood, even in grave forms of infection, and, in the case described, the infectious principle was reduced to a minimum.—Le Bulletin Médical.

Influence of Nervous Disturbances upon Diabetes Insipidus.

A patient under the care of Professor Jaccoud at La Pitié presented an excellent example of the influence of nervous disturbance. A man, 46 years of age, a wheelright by occupation, was in early childhood subject to convulsions and incontinence of urine. At the age of 20 he suffered from epileptiform seizures, which, at the end of several years, ceased. He married and one day suddenly fancied that his wife was about to throw him from a window. Subsequent to this delusion he was attacked by polyuria, which lasted six months. Two years later he nearly fell from a height of several metres. The fright occasioned a second attack of polyuria, which continued for a number of months before it disappeared. Again, without definite exciting cause, he was afflicted with diabetes insipidus for a third time. He experienced a furious thirst and ingested every day four or five litres (seven to eight and three-fourths pints) of aqueous drinks and passed nine to ten litres of urine. In course of time serious symptoms supervened on several occasions, the nervous system constituting the most notable etiological element of the trouble. The influence of these nervous disorders upon the genesis of diabetes insipidus cannot be overestimated. In such cases Professor Jaccoud advises that potassium bromide should be made the basis of the treatment. He prescribes the drug in the dose of 6 grammes (1½ drachms) during the twenty-four hours. In the second place, or in the event of failure, he has recourse to extract of opium in the progressive daily dose of from 3 to 6 centigrammes (½ to 1 grain).—La Médecine Moderne.

Epilepsy of Gastric Form.

M. G. Lemoine, of Lille, has observed five cases of masked epilepsy in which the seizure was characterized simply by gastric

Digitized by Google

difficulties with or without loss of consciousness. The patients exhibiting this form of disease are attacked suddenly by sharp pain in the epigastric region, followed by an indefinable sense of malaise, which is generally accompanied by nausea and vomiting. There is always present a sensation of faintness and in some cases there is a short loss of consciousness. After an attack patients are fatigued and need rest and sleep. Typical attacks are not accompanied by convulsive movements, but always cause dilatation of the pupils. Masked attacks occur especially among children and at variable intervals. In some cases the intervals are almost regular, and in certain instances they are preceded by prodromes, as torpor and heaviness of the head. Attacks sometimes occur in the midst of apparent health. A fact which confirms their epileptic nature is that they may coincide in the same patient with unmistakable epileptic convulsions. In other cases they precede; a case of this kind was published by Trousseau.

Potassium bromide systematically employed finally causes disappearance of such attacks, while treatment directed against disorder of the stomach produces no effect. —La Tribune Médicale.

Diffuse Syphiloma of the Penis.

At a meeting of the French Urological Association, M. Glantenay, of Paris, described an unusual case: The patient was a man, 30 years of age, who had certainly had syphilis, which was treated only for fifteen days, and in whom developed, four years after the chancre, an induration of the urethra. The diffuse syphiloma of the urethra transformed the canal into a hard tube from the frenum of the prepuce to the perineum. There were some ulcerated tubercular syphilides upon the glans. The effect of the lesions was frequent and painful micturition.

The patient was under the care of M. Fournier, and specific treatment rapidly caused an almost complete cure. The functional difficulty ceased, and the induration disappeared except a small nodule near the frenum. The principal interest of the case consists in its rarity. One of the most important memoirs upon the subject is that published by M. Albarran. M. Fournier had described the first three cases of the kind. Five other cases have since been recorded by W. Johnson, Zeissl, Browson, Harrison, and Albarran. In a hasty search M. Glantenay had found but one case reported subsequent to that of M. Albarran. This was by M. Mauriac, and in it the syphiloma was limited to that part of the urethra situated in the glans.

It is generally admitted that this lesion of the canal may be produced by two processes: syphilides may begin in the vicinity of the glans and progressively invade the canal or may originate within the latter. The first variety is of comparatively trifling importance. The second, to which the case related by by M. Glantenay belongs, is rare.

It seemed to the speaker that his case might contribute to explain the difficult subject of tertiary syphilitic strictures. If the lesion in this case had been left to itself it may well be believed that the softening of the gummatous tissue would, upon cicatrizing, have given rise to large and deep strictures.—La Tribune Médicale.

Therapeutic Notes.

Kryofin.

Kryofin is a phenetidin derivative closely allied to phenacetin, possessing all the advantages without any of the disadvantages of the latter. It occurs as white, odorless, and tasteless crystals; soluble in 600 parts of cold, 52 parts of boiling water; also in alcohol, ether, chloroform, glycerin, and fixed oils. Kryofin reduces abnormal body-temperature. Its analgesic effect is very decided and rapid, as it is very rapidly absorbed. It has no effect on diuresis, and there is no pathological change in the kidneys following even the continued use of enormous doses. Respiration remains unaffected. The pulse becomes fuller and stronger, with a disappearance of dicrotism.

Digitized by Google

The usual dose is from 4 to 7½ grains. While compatible with all the drugs usually prescribed in combination with coal-tar products, kryofin in most instances is given alone, as in itself meeting the indications sufficiently well. Kryofin is unquestionably, therefore, a prompt, powerful, safe, and reliable remedy. Since its introduction into therapeutics, its field of usefulness has rapidly widened; so that it has been found very efficacious in the treatment of a great variety of diseases, both acute and chronic. In addition to the antipyretic action kryofin seems to exert a peculiar calmative and beneficial influence on the patient, and to a very perceptible extent. In influenza, for instance, Bresler, of Freiburg, states that in addition to the reduction of temperature kryofin has a decided power in preventing the usual rise of temperature when given at the proper time of day. There is a decided amelioration, also, of all the symptoms; so that obviously not only is the fever influenced to the credit of the drug, but also the disease is modified to the advantage of the patient.

Turpentine in Tuberculosis.

Dr. J. S. Prettyman, of Milford, Del., says, in the Medical Record:—

"I greatly prefer it to creasote, and usually administer it in the following formula:—

℞ Olei terebinth., ℥ss.
Cretâ prep.,
Sacch. alb., of each, ʒij.
Pulv. acac.,
Aquæ cin., of each, q. s. emul. ʒiv.

M. Sig.: Dessertspoonful three times a day upon an empty stomach ('shake'—label)."

Treatment of Intestinal Catarrh.

In cases of obstinate subacute intestinal catarrh, where simple astringent and digestive agents fail to produce satisfactory improvement, a combination of remedies in accordance with the following prescription of Dr. A. L. Hall, of Fairhaven, N. Y., will usually render prompt benefit:—

℞ Tr. ferri chloridi, 2 drachms.
Tr. catechu, 3 drachms.
Tr. opii camphoratæ, 4 drachms.
Ext. rhei aromatic fl., 2 drachms.
Spts. vini gallici, 2 ounces.
Syrupi simplicis, q. s. ad 8 ounces.

M. Sig.: For a child 1 to 2 years old, one-half to one teaspoonful every four to six hours.—Buffalo Medical Journal.

Hæmotherapy.

In the Sound-View Hospital, at Stamford, Conn., Dr. T. J. Biggs has witnessed excellent results from the external application of bovinine in many cases of ulceration due to various causes, necrosis of bones, etc. The usual surgical means were used in conjunction. The local use of auxiliary blood (bovinine) was of advantage in augmenting the nutrition of the diseased tissues and quickening repair. Many interesting cases are reported in full in the records of the hospital.

Lanolin with Cocaine.

The pre-eminent absorptive energy ascribed to lanolin induced Dr. E. Wende, of Buffalo, N. Y., to try the substance combined with cocaine. The local treatment of wounds and chapped surfaces by the combined ointment turned out very satisfactorily: pain was rapidly annulled. The formula used was

℞ Cocaini hyd., 20 grains.
Lanolini, 1 ounce.—M.

The ointment was spread on linen or cambric and laid on the affected parts.

When a more cooling ointment is desired, as is particularly indicated in burns of the first and second degrees, an addition of water to the ointment is suitable. For this purpose only lanolin can be used. The formula is

℞ Cocaini mur., 1 drachm.
Aquæ dest.,
Lanolini, 2 ounces.
Cetacei, 2 drachms.

Still more suitable is the following method: The painful surface is first painted with a 2-per-cent. cocaine solution

Digitized by Google

and then a 5-per-cent. carbolic-lanolin ointment is applied. This method has the advantage, besides being pain-soothing and protective, of being antiseptic, which is of particular importance when an exudation from the wounded surface occurs.

An Injection for Gonorrhœa in Women.

Lutaud employs the following formula:—

℞ Alum,
Borax, of each, 450 grains.
Quinine sulphate, 15 grains.
Carbolic acid,
Essence of thyme, of each, 30 drops.
Glycerin, 3000 grains.

M. A tablespoonful, in a pint of warm water, to be used as a vaginal injection two or three times a day.—New York Medical Journal.

Sprays and Inhalents.

In a paper with the above title, published in the Laryngoscope, Dr. Seth Scott Bishop, of Chicago, says:—

"In the attacks of sore throat that occur during the spring and autumn changes of the weather, where we find the rheumatic or gouty diathesis, salol and wintergreen are indicated for topical applications, in addition to the internal administration of sodium salicylate and lithium. The following formula is well adapted for this purpose:—

℞ Salol, 3 per cent.
Oil of gaultheria, 4 per cent.
Thymol, 3 per cent.
Benzoinol, 90 per cent.

"Patients can use this spray three or four times daily with a hand-atomizer for home treatment and derive much comfort and benefit.

"In tuberculosis of the nose and throat, whatever in the least mitigates the unhappy condition is worthy of our consideration. The atomizer puts some power of local self-treatment within the reach of the sufferer. It is possible for the patient to cleanse, disinfect, stimulate, and protect the diseased membranes as far downward in the air-tract as the larynx, at least. For such purposes, in the pre-ulcerative stage, the following formula is indicated:—

℞ Aristol, 10 per cent.
Menthol, 3 per cent.
Benzoinol, 87 per cent.

"After ulcers have formed and difficult and painful swallowing become prominent symptoms, the following formula can be advantageously employed by the patient:—

℞ Creasote, 4 per cent.
Carbolic acid, 3 per cent.
Oil of tar, 3 per cent.
Oil of wintergreen, 4 per cent.
Benzoinol, 86 per cent.

"Self-treatment with this spray will not interfere with the physician's application of cocaine, eucaine, acetic acid, etc., according to the indications in each case.

"In the most common catarrhal conditions of the nasal passages the formula that follows has given especially good satisfaction:—

℞ Camphor-menthol, 3 per cent.
Pineneedle-oil, 2 per cent.
Eucalyptol, 1 per cent.
Benzoinol, 94 per cent.

"For those numerous cases in which there is too great activity of the mucous glands, the siccative effect of the pineneedle-oil is indicated, in addition to the camphor-menthol. The eucalyptus is antiseptic, destructive to low forms of life, and pleasant, and the soothing and protective qualities of the benzoinol are all that could be desired."

The Preventive Treatment of Baldness.

Basing his treatment on the fact that the hair contains a substance similar to glue and gelatin, Dr. Deichler has administered colloids in different forms, in different affections of the hair. Together with a tonic *régime*, he gave the patients bouillons prepared by prolonged boiling of 2 parts of meat and 1 part of bones. The bones were frequently replaced by gelatin, or by shavings of deer's horns, which are very rich in ossifying cartilage.

The favorable effect of this treatment is seen first of all in old men. In younger

Digitized by Google

persons the action of the colloids showed itself upon the hair very distinctly. The thin hairs became firmer, they acquired a brilliant lustre, and the falling of the hair ceased. This favorable influence showed itself in the hair all over the body. The nails also became more brilliant and transparent. Systematically used, this treatment will go far to prevent baldness.—American Medico-Surgical Bulletin.

Orthoform.

Einhorn and Heinz discuss the chemical constitution of cocaine and its relatives, as in this way they have been able to prepare the new local anæsthetic orthoform. This body is a white, light powder, without smell or taste. It is only partially soluble in water, but enough is brought into solution to make the fluid anæsthetic. It combines with hydrochloric acid, forming a very soluble body, but this hydrochlorate cannot always be used, as it irritates some mucous membranes, such as the conjunctiva. Anæsthesia is only induced in the places with which the orthoform comes in contact. The authors describe a case in which a 10-per-cent. ointment was applied to a painful wound on the outer side of the chest. Orthoform acts as an anæsthetic wherever it comes into contact with nerves, and thus it has no effect when applied to the unbroken skin. If it be applied to a burn of the third degree, the anæsthetic effect is remarkable. It always allays the pain of ulcers, whether cancerous or other. In one case as much as 50 grammes were sprinkled on a wound within a week, showing that it is quite harmless. It is strongly disinfectant, hindering decomposition and fermentation. Orthoform was also useful in ulceration of the larynx; after some of the powder was blown in the pain was relieved for twenty-four hours. In gastric ulcer and carcinoma it was also of service, but much less so in chronic gastric catarrh. For external use the free orthoform is the best, but for internal use the soluble acid salt. Further observation is needed in regard to its action on the mucous membranes of the mouth, nose, and naso-pharynx. As it is non-poisonous, it can be applied to large ulcerating surfaces. Internally ½ to 1 gramme of the hydrochlorate has been given several times in the day. Orthoform is stable, non-hygroscopic, and can be added to other remedies.

Oil of Wintergreen in Gynæcology.

At a meeting of the Paris Obstetrical and Gynæcological Society M. Jouin reported that he had treated metritis and its various complications, but more particularly gonorrhœal endotrachelitis, by means of applications of oil of wintergreen, and with success. He stated that in some cases the medicament had found its way into the Fallopian tubes and cured old cases of salpingitis.—New York Medical Journal.

Chronic Bronchitis.

℞ Ammonium chloride, 1½ drachms.
Tinc. of hyoscyamus, 4 fluidrachms.
Wine of ipecac., 1½ fluidrachms.
Syrup of hypophos. comp., 1 fluidounce.
Dist. water, to make 4 fluidrachms.

Two teaspoonfuls every four hours.—American Medico-Surgical Bulletin.

Rheumatism Liniment.

℞ Chloroform, 5 fluidrachms.
Tincture of opium, 4 fluidrachms.
Salicylic acid, 4 fluidrachms.
Alcohol, 4 fluidounces.
Sweet oil, to make 12 fluidounces.

Externally. Rub into the parts thoroughly.—American Medico-Surgical Bulletin.

Whooping-cough Mixture.

℞ Tinc. of belladonna, 2 fluidrachms.
Tincture of valerian, 1 fluidrachm.
Tincture of digitalis, 1 fluidrachm.

For children under 5 years of age 5 to 10 drops should be daily administered, increasing within one week to from 30 to 60 drops daily, in divided doses.—American Medico-Surgical Bulletin.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Mar., 1898.

PHILADELPHIA'S DEMAND FOR UNPOLLUTED WATER.

THIS demand is based upon an urgent need. There was a time, a generation or more ago, when Philadelphia was noted throughout the country for the purity of its water. That time, unfortunately, has long since disappeared. The water which the city now supplies to its inhabitants is unfit for drinking purposes. After every rain it is turbid with mud or black with coal-dust,—an unsightly, unpalatable, and unhealthy fluid. Schuylkill-River water is pumped directly into our homes without time being allowed for ordinary subsidence of impurities. At such times it is useless as a medium for a cleanly bath. It is totally disqualified as a beverage. We may not place the dirty liquid upon our tables, but must filter and boil it or resort to some mineral water as a substitute. Boiled water is innocuous, but is scarcely palatable. Filtration on a small scale and at individual expense is no permanent solution of the difficulty. For a limited time and during an emergency, citizens are willing to resort to these devices, but they know full well that purification of the water should be performed on a large and effective scale and at the public cost.

Above all other considerations, however, the fact that our water-supply, as at present managed, is an active carrier of disease is the strongest argument in support of the popular demand for unpolluted water. It has been repeatedly and abundantly shown that contamination of water is the most common cause of the spread of typhoid fever. This prolonged, debilitating, and fatal disease is always unduly rife in this city. Philadelphia has achieved the bad pre-eminence of having more deaths from typhoid fever—largely a preventable disease—than almost any other city. These deaths, and the long, anxious cases which do not end in death, are, in the large majority of instances, needless affliction, and would not happen had not our water-supply been allowed to fall into such a lamentable condition. As a matter of mere taste, it is disgusting to think of consuming a fluid contaminated with mud, coal-dust, and sewage. It is much more than a matter of taste, however: it is a question of health or disease, life or death.

There have been warnings time and again upon this subject. Medical authorities have pointed out repeatedly the relation between polluted water and disease,—especially, in this climate, typhoid fever. They have recommended and they have urged that proper measures should be taken to provide the inhabitants of this city with unpolluted water. They have pointed to our own experience and to that of other cities. They have cited epidemics which were clearly dependent upon contaminated water. They have clinched their arguments by the most convincing demonstration possible: the marked decline of typhoid fever after the most approved methods of filtration had been adopted.

This large municipality undoubtedly has many needs, but none can be so immediately important as purification of our water-supply. The expense of the work will be more than recompensed by the saving of many lives. Are these lives of no value and can public officials free themselves from responsibility to their fellow-citizens? "Public office is a public trust."

THE VENTILATION OF STREET-CARS.

TO GREAT numbers of people in Philadelphia the daily use of the street-cars is

Digitized by Google

a necessity. Either on account of time or distance they must ride between their homes and their places of occupation. Nevertheless, with many it is more a habit than a necessity. Many who now ride two or three miles night and morning would be better off in health and pocket if they walked the distance. As regards time, the bicycle may now take the place of the car, and it also furnishes healthy exercise.

For various reasons, however, there will always be numerous patrons of the street-cars. Due provision should be made by the companies for the convenience and comfort of their passengers. We cannot perceive that such provision is as complete as we have a right to expect. On many lines a greater number of cars should be run and at shorter intervals. There is far too much overcrowding of the cars. To some extent this is unavoidable, and in a certain measure it is the fault of the public. People often crowd a car to suffocation when, by waiting a minute for another near at hand, they would be amply accommodated. Nevertheless, on many of the main lines more cars are needed.

"Crowded to suffocation" is an expressive phase, and not infrequently may be understood almost in its literal acceptation. When double the number of passengers that a car can accommodate with comfort are herded together, the supply of oxygen for each person is very seriously curtailed. Those afflicted with disease of the heart or lungs suffer more, under such circumstances, than mere discomfort, and pay dearly for their transportation. Without doubt ailments are often aggravated and illness is often contracted in these rides. Upon stormy days the evil is notably increased. Insufficiency of oxygen, exhalations from lungs and skin, and the presence of disease-germs in the atmosphere constitute a condition by no means favorable to health. To add to all other difficulties, the ventilators are generally closed. A ride in such an overcrowded street-car is an infliction upon healthy people and a peril to those who are debilitated. Why the ventilators are not kept opened we do not know. In many instances they are deliberately closed by passengers who fear a draught. At any rate, most or all are generally closed in winter.

The writer not long since entered a car upon one of the lines which habitually runs overloaded cars. Evidently only about half or three-fourths of the number sufficient to furnish proper accommodations are provided. Passengers are accordingly packed closely together upon the seats and as many as possible stand upon the floor, steadying themselves by the straps hung from above. Such was the condition of affairs upon the present occasion. The passengers were packed like sardines in a box. The day was not very cold, but both doors and all the ventilators were closed. The atmosphere was decidedly malodorous. Such a car is an actual abomination. One breath was enough to cause a hasty retreat to the platform. Here, at least, the supply of air was more abundant, though even upon the platform human beings stood closely wedged together and either to enter or to leave involved a struggle through a crowd. How much better to walk than to be transported like cattle!

No doubt the efficient and economical management of a large street-railway system is a work of magnitude and difficulty. But the comfort and health of passengers should be studied as closely as some other branches of the business. Means certainly ought to be taken to provide a sufficient number of conveyances to accommodate comfortably the traveling public.

THE PRESENCE OF FREE GRANULES IN THE BLOOD.

In the Johns Hopkins Hospital Bulletin for December, 1897, appears an interesting contribution from Drs. William Royal Stokes and Arthur Wegefarth relative to

Digitized by Google

their study of free granules in the blood. These bodies resemble those described by H. F. Müller. Other observers also had found small granules in the blood, and it is yet uncertain whether all these bodies are identical. By some writers they have been regarded as fat-globules, but Müller argues against this supposition because they do not give a reaction with osmic acid, and contents himself by calling them "blood-dust." Müller found these bodies in healthy human blood. Stokes and Wegefarth discovered granules in the blood of many different animals.

A farther question arises as to the origin of these granules. Their physical appearance is similar to that of the granules contained in leucoctyes, especially the eosinophile variety. The authors to whom we refer then ask: can these granules be actually seen to leave the leucocyte? Upon this point they speak with some uncertainty. They think that they have observed this phenomenon upon several occasions, but do not express themselves with confidence.

We note the foregoing communication not only for the importance of the subject, as these granules are now suspected of being active agents in producing immunity, but also on account of an article which appeared in the columns of THE MEDICAL BULLETIN for January, 1898. In a paper entitled "The Death of an Eosinophile," Dr. Ernest B. Sangree, Professor of Pathology and Bacteriology in the Medical Department of the Vanderbilt University, at Nashville, Tenn., states that he has positively witnessed the emergence of granules form an eosinophilic leucocyte without any addition of acid, alkali, or other reagent. This is, as far as our information goes, the first record of such an observation. The cell studied belonged to a drop of Dr. Sangree's own blood. The author describes the granules as shooting out of the cell one by one through the same opening, at first with considerable force, but later with less force and velocity. Without exception, they all emerged at one spot. After escaping from the cell the mass of granules exhibited a series of swaying movements similar to those which occurred while they were inclosed within the leucocyte. These were different from the dancing motion ordinarily seen in the Brownian movement.

This observation of Dr. Sangree is of scientific value and also of historical interest in the development of the study of these granules.

OUR OFFER TO SUBSCRIBERS.

THE publishers of THE MEDICAL BULLETIN are always desirous of promoting in every manner the interests of medical literature. Having been for years engaged in the publication, not only of this journal, but also of many standard text-books, they are in a position which enables them to appreciate the needs of the physician and to be of material assistance in providing his intellectual pabulum.

THE MEDICAL BULLETIN contains each month a condensed *résumé* of the additions to professional literature in this and foreign countries. Its contributors are men of experience, its therapeutic columns are of practical value, and its medical news contains numerous items of personal interest.

"Obstetric Surgery" is the title of a recently-published work by Drs. Egbert H. Grandin and George W. Jarman, of New York. The book is a royal octavo of 250 pages, and is plentifully and beautifully illustrated. The work is of more than ordinary importance. It deals with precisely those emergencies which at any time are likely to confront any medical man and suddenly place two lives in jeopardy. The authors are men of wide experience and sagacious judgment. This work has heretofore been sold only at $2.50, net.

The publishers announce that subscribers to THE MEDICAL BULLETIN for 1898 will

Digitized by Google

receive in addition to the journal a copy of "Obstetric Surgery," which will be delivered free of shipping charges. It is not, however, intended to favor new subscribers more than old friends. The offer is made to all. Old subscribers can have their subscriptions advanced in availing themselves of this liberal offer. All that is necessary is to send $1.75 cash to The F. A. Davis Company and receive in return Drs. Grandin and Jarman's "Obstetric Surgery" and THE MEDICAL BULLETIN for one year.

Condemned Unheard—the Dreyfus Case.—Rev. Dr. Joseph Krauskopf is well known in Philadelphia and throughout the United States as an earnest student, an able orator, a zealous philanthropist, and a patriotic citizen. A passionate lover of justice, he devoted a recent Sunday lecture to the unhappy Dreyfus's case. Captain Dreyfus was condemned unheard, has constantly asserted his innocence, and had no motive for treason. It is horrible to think of an innocent man being degraded and sacrificed before the eyes of the civilized world. If a tremendous breach of justice has been committed, it concerns the honor of France to rectify a judicial error. The salient points of the Dreyfus affair were rapidly exposed in burning words by the eloquent speaker, and those who were present upon the occasion were deeply moved by the vivid portrayal of the circumstances of this unexampled case.

Medical News and Miscellany.

An Interesting Occasion.—A dinner was given, on Wednesday evening February 16th, to Dr. Joseph H. Chandler, of Centreville, Del., by his friends in the medical profession, at the Clayton House, Wilmington, Del. The Committee of Arrangements consisted of Drs. Howard Ogle, J. P. Pyle, Willard Springer, and H. W. Briggs, of Wilmington.

Dr. Chandler was born on June 15, 1839, at Centreville, where his father had practiced medicine for forty-eight years. After completing a collegiate education he began the study of medicine under his father and graduated from Jefferson Medical College in 1860. He also took a special course under the late Professor D. Hayes Agnew.

Dr. Chandler was Assistant Surgeon in the Fifth Delaware Volunteers, has served as Treasurer and President of the Delaware State Medical Society, is a charter-member of the Centreville Lodge of Odd Fellows, treasurer of the lodge for the past twenty years, and Past-Grand-Master of the Grand Lodge of Delaware. He is also a prominent Mason, a Director of the Security Trust and Safe Deposit Company of Wilmington, and a member for thirty-seven years of the School-board at Centreville.

The *menu* served was as follows:—

Blue Points.
Cream-soup.
Grilled Black Bass. Sherry.
Stuffed Sweet-breads with Truffles.
Potatoes Parisienne.
Pigs in Clover. Iced Celery.
Claret.
Royal Doe-bird on Toast.
Delaware Punch.
Cigarettes.
Haunch of Bear à la Cumberland.
Terrapin. Sauterne.
Ices. Méringues. Cakes.
Salted Almonds.
Crackers. Roquefort.
Coffee.
Cigars. Champagne.

The participants in the social event were: Drs. W. Easterly Ashton, Thomas G. Ashton, James M. Anders, John Ball, L. Heisler Ball, James M. Barton, H. W. Briggs, Swithin Chandler, J. A. Ellegood, R. B. Ewing, John C. Fahey, Edger S. Finley, L. Webster Fox, U. G. Gifford, Charles Green, W. Joseph Hearn, Ernest Laplace, Charles P. Layton, Taylor S. Mitchell, E. E. Montgomery, Howard Ogle, John Palmer, J. P. Pyle, Charles H. Reckefus (Jr.), C. S. Reynolds, John V. Shoemaker, Evan G. Shortlidge, Francis L. Springer, Willard Springer, H. J. Stubbs, J. H. Stubbs, P. W. Tomlinson, B. R. Veasey, John P. Wales, John Windle, William G. Winner, and W. V. Woods.

Digitized by Google

The portrait of Dr. Chandler, which accompanied this tribute to him, is from an etching on copper, and is the work of Mrs. J. P. Pyle, the wife of one of Wilmington's young physicians.

The guest of the evening, on being introduced by Dr. Ogle, said:—

"Dr. Ogle and Members of the Medical Profession of Pennsylvania and Delaware: I feel proud of the honor that you have conferred upon me by this magnificent entertainment. I really labor under some embarrassment to know just how I can express my thanks so as to make you know how I appreciate your efforts, and the only way is to say that I wish you all to accept my thanks and also an invitation to a lawn-party in June, 1898."

In response to the toasts of the evening the following addresses were made:—

Dr. Willard Springer, of Wilmington: "Mr. Chairman and Gentlemen: It gives me great pleasure to be here to-night, and it has been a pleasure to me to be one of the committee to make the arrangements for this complimentary dinner to Dr. Chandler. Dr. Chandler is the ideal country-doctor. Many of you, no doubt, are familiar with Dr. William MacLure in Ian Maclaren's book 'Beside the Bonny Briar-bush.' Our guest has often reminded me of him. No night was ever too dark or too stormy, and no road too long for Dr. Chandler to go to relieve the sufferings of those who depended upon him as their physician. We remember with great pleasure the many times we have been entertained at his beautiful home, and we are happy to make, on this occasion, a small return for the many courtesies we have received from his hands."

Dr. J. V. Shoemaker: "I value highly the honor of being with you to-night and having the opportunity of paying my tribute of respect to your esteemed guest, Dr. Chandler. He is a man whom all delight to honor. In all the relations of life Dr. Chandler has proved his worth. As a trusted medical man he has nobly borne his responsibilities. He is an ornament to his profession and a man whom it is a privilege to know. I trust that his useful life may long be spared."

Dr. W. Easterly Ashton said: "The 'beloved physician' of his native district, Dr. Chandler worthily occupies a position than which certainly none is to be more highly respected. An ideal country-doctor is so bound up with the life of his community that his relationships are peculiarly intimate. The sagacious physician, the wise counselor, the loyal friend, and true gentleman are happily blended in the character of Dr. Chandler. May he long be with us!"

Dr. Veasey: "My acquaintance with Dr. Chandler began less than a year ago, when I met him in consultation. Dr. Chandler proved an ideal consultant and the paternal, helpful way in which he came into the case won my heart at once. I cannot do less than join those who have preceded me in expressing the hope that for many years to come we may have the pleasure of meeting our honored guest and the eminent teachers and practitioners who rally around him on these notable occasions."

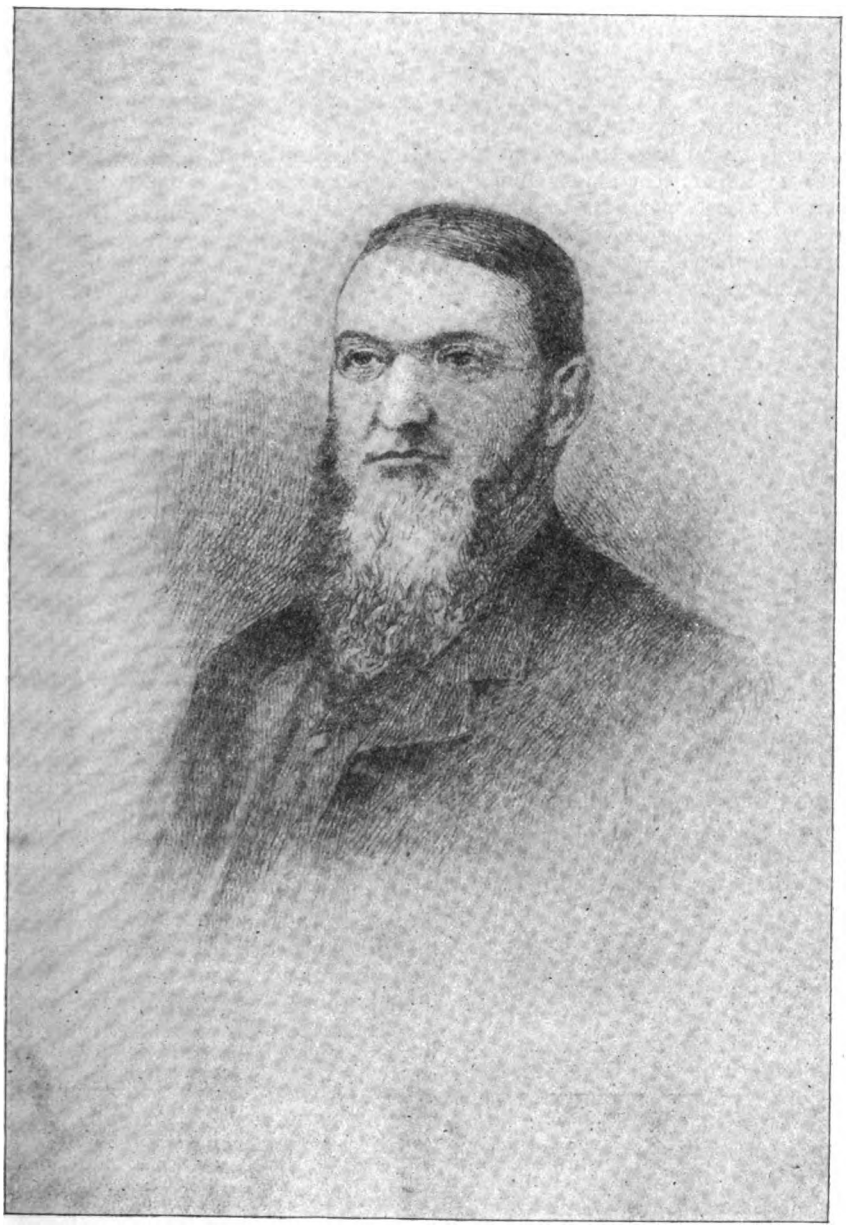
W. G. Winner, M.D., said, in part: "Mr. Chairman: It is difficult to express my appreciation, not only of the bountiful repast Dr. Chandler provided for us at the summer gatherings at his home, but also for the pleasure derived from the meeting of the members of our profession of Pennsylvania and of this city and State and the enjoyment of the social intercourse which was thus afforded. Nevertheless, like those who have preceded me, I desire to express my thanks to Dr. Chandler for the pleasure obtained and for the courtesy extended."

Dr. Swithin Chandler, of Wilmington, spoke of "The Doctor's Wife." Concluding his remarks he said: "Let us not forget the doctor's wife, her sacrifices; her sweet, cheery manner; her noble character and beautiful womanhood; her unselfish devotion to the people; her loyalty to her doctor and husband. Then let us proclaim her worth, admire her every good quality, and sing her fame."

Dr. H. J. Stubbs: "Mr. Chairman: In my judgment, the greatest benefit of the many derived from those meetings is the gathering of the profession together, that we may become acquainted with each other and cultivate more of the social side of our lives, the thing the busy man needs."

Dr. Green: "Mr. Chairman and Fellow-diners: I regard it not only a privilege, but an honor, to be numbered among the friends of Dr. Chandler, and to be able to say that he is my friend. Enjoying, as I do, the privilege of the society of his immediate home-circle, it is with a sense of

Digitized by Google



DR. JOSEPH H. CHANDLER.

Digitized by Google

pride that I say that there are none for whom I have a greater admiration and esteem. I express the wish, and I know I voice the thought of all present, that Dr. Chandler may long be spared among us."

Prof. James M. Anders said, in part: "Mr. Toast-master and Gentlemen: I count myself fortunate in having been invited to be present on this occasion, and in having the opportunity to join in this tribute to an honored member of our profession. From pleasant occasions like the present, and I must own that to me this has been a most enjoyable affair, we may draw moral lessons of great worth. We have turned from our arduous duties for a brief period of fraternal greeting and convivial meeting, but above all, if I mistake not, we are gathered to pay tribute to one, not only because he has been highly successful as a practitioner of medicine, as all who are present know, but to honor the man—the man of integrity of character, of honor, and fidelity to duty. The greatest men are those who are faithful to their best opinions, who aim at integrity and nobility of character. True success is based upon merit and high character. And I take it that it is in allegiance to this principle that so many of my colleagues, and teachers of other institutions and general practitioners, have indicated their presence here to-night. And now, as I do not desire to speak at greater length, permit me to say, before resuming my seat, that I have been heartily glad for this opportunity to make new friends, and to renew old associations; and, as I continue to go on my daily rounds, my thoughts will often revert to the good time I had at the Chandler Banquet."

Dr. Ernest Laplace: "This occasion is a spontaneous outburst of admiration for a man whose life has quietly modeled itself into the exemplar of the blameless physician. Young or old, we have our ideals. We have our favorite star, our favorite flower, our favorite hero—in war and in peace. In the gentle life of the family-doctor our guest is my ideal. We may well say of him personally under the inspiration of Avon's bard:—

'His life is gentle, and the elements so mix in him, that nature might stand up and say: This is a man.'"

Dr. Briggs said: "It has been my pleasure to have known Dr. Chandler personally something less than one year, and, during that time, our relations, both social and personal, have been most cordial. I have found him one from whom, as a younger member of the profession, I have not hesitated to ask advice and counsel, and in every instance encouragement and hearty support have resulted."

Dr. R. B. Ewing, of West Grove, Pa.: "I have known Dr. Chandler for many years and have known him as the personification of honor. His sterling integrity and exemplary walk, both in the profession and among the laity, make him an exemplar for us all. I conclude by wishing him many years of life."

Dr. S. E. Finley, of Wilmington, said: "It gives me great pleasure to testify my appreciation of Dr. Chandler. We have all enjoyed his dinners and I hope we may have the pleasure of having him with us at many more of ours."

Dr. Ellegood referred to Dr. Chandler's delightful entertainment of his friends and paid high tribute to his character as a physician and a man.

Dr. Pyle, after referring to the deciphering by Eugene P. Andrews of the nail-holes in the architrave of the east end of the Parthenon, at Athens, concluded: "The point I desire to make is this: that just as it has taken centuries for this young American to come upon the scene and unravel this mystery, just so has it required many years for a man in the history of Delaware medicine who is large enough and generous enough to bring a number of his professional brethren together so that they can see each other at short range: study each other's characteristics, observe those qualities which make one nobler and better, seeking in each other's manliness elements of inspiration, and finally again learning that 'there is a hospitality in generous acceptance as well as in kindly bestowal.'"

Dr. Wood said in part: "With you all, I can but express my great happiness in being again one of a company to sit at table with our honored friend, a man in whom we all delight, and who so ably represents the noblest of our noble profession."

Dr. W. Joseph Hearn said: "I wish to express my sincere gratitude and esteem for one who represents the truest type of a cultivated gentleman, for one who represents the noblest department of our noble profession, the general practitioner, our guest of the evening. His life is one of perpetual sunshine. Jealous of none, none

Digitized by Google

is jealous of him. Beloved by all, he loving all."

The American Medical Association.—*Section on Materia Medica and Therapeutics.*—The following papers and discussions have been promised for the meeting at Denver, Col., June 7-10, 1898:—

"Yellow Fever: Its Etiology and Treatment." Discussion by Surgeon-General George M. Sternberg, M.D., of Washington, D. C.; Prof. John Guitéras, M.D., of Philadelphia; Sollace Mitchell, M.D., of Jacksonville, Fla.; T. S. Scales, M.D., of Mobile, Ala.; G. B. Thornton, M.D., of Memphis, Tenn.; H. M. Bracken, M.D., of Minneapolis, Minn.; P. E. Archinard, M.D., of New Orleans, La.; Prof. William H. Welch, M.D., of Baltimore, Md.; Captain R. S. Woodson, M.D., Assistant Surgeon United States Army, of Fort McPherson, Ga.; Prof. William Pepper, M.D., LL.D., of Philadelphia, Pa.

"Aims of Modern Treatment of Tuberculosis." By Prof. Edwin Klebs, M.D., of Chicago. Discussion by Charles Denison, M.D., of Denver, Col.; Prof. William Pepper, M.D., LL.D., of Philadelphia, Pa.; Prof. William H. Welch, M.D., of Baltimore, Md.; Prof. William E. Hughes, M.D., of Philadelphia, Pa.

"Serum-therapy of Tuberculosis." By Prof. S. O. L. Potter, M.D., of San Francisco, Cal. Discussion by Prof. James M. Anders, M.D., of Philadelphia, Pa.; C. C. Fischer, M.D., of St. Louis, Mo.

"The Therapeutics of Pulmonary Phthisis." By Paul Paquin, M.D., of St. Louis, Mo.

"The Practical Value of Artificial Serum in Medical Cases." By P. C. Remondino, M.D., of San Diego, Cal.

"The Present Status of Serum-therapy." By George W. Cox, M.D., of Chicago, Ill.

"Biological Activity of the Antitoxins." By Prof. Joseph McFarland, M.D., of Philadelphia, Pa.

"Glandular Extracts." By Prof. Isaac Ott, M.D., of Easton, Pa.

"The Use of Remedies in Diseases of the Heart and Blood-vessels." By T. Lauder Brunton, M.D., D.Sc., F.R.S., of London.

"The Mescal Button." By Prof. D. W. Prentiss, M.D., of Washington, D. C., and F. P. Morgan, M.D.

"The Modern Intestinal Antiseptics and Astringents." By William Frankhauser, M.D., of New York. Discussion by Boardman Reed, M.D., of Philadelphia, Pa.

"A New Non-amylaceous Flour for Diabetics and Dyspeptics." By N. S. Davis, Jr., A.M., M.D., LL.D., of Chicago, Ill.

"The Solution of Ethyl Nitrite." By D. J. Leech, M.D., of Manchester, Eng.

"A Contribution to the Effects of Coffee in Excess." By Prof. William Pepper, M.D., LL.D., of Philadelphia, Pa.

"The Treatment of Insomnia." By Robert T. Edes, M.D., of Jamaica Plain, Mass.

"Are there Therapeutic Principles?" By Solomon Solis-Cohen, M.D., of Philadelphia, Pa.

"To What Extent is Typhoid Fever Favorably Modified in Its Course, Duration, Termination or Sequelæ by the Administration of Drugs." By Frank Woodbury, M.D., of Philadelphia, Pa.

"Strychnine." By J. N. Upshur, M.D., of Richmond, Va. Discussion by Prof. J. H. Musser, M.D., of Philadelphia, Pa.; Walter M. Pyle, A.M., M.D., of Philadelphia, Pa.

"Methods of Teaching Materia Medica and Therapeutics." By Prof. G. H. Rohé, M.D., of Baltimore, Md.

"The Study of Materia Medica and Therapeutics." By H. M. Bracken, M.D., of Minneapolis, Minn.

"A Contribution to the Pharmacology of Cannabis Indica." By C. R. Marshall, M.A., M.B., Pharmacological Laboratory, Downing College, Cambridge, England.

"The Place of Hydrochloric Acid in the Treatment of Diseases of the Stomach." By Boardman Reed, M.D., of Philadelphia, Pa.

"The Continuous Use of Digitaline in the Vasomotor and Cardiac Lesions of Senility." By Henry Beates, Jr., M.D., of Philadelphia, Pa.

"Home Remedies *Versus* Patent Medicines." By Prof. Adolph Koenig, M.D., of Pittsburgh, Pa.

"Opium in Bacterial Diseases." By J. P. Farnesworth, M.D., of Clinton, Ia.

"The Great Therapeutic Importance of a Rational Adaptation of Cathartic Remedies to the Physiological Functions of the Gastro-intestinal System." By E. D. McDaniels, M.D., LL.D., of Mobile, Ala. Discussion by Prof. John M. Dunham, A.M., M.D., of Columbus, O.

"A Recognition of Temperament: a Factor to the Selection of Remedies, and their Dosage in Disease." By J. E. Moses, M.D., of Kansas City, Mo.

"On Some Preparations of the National

Digitized by Google

Formulary." By C. Lewis Diehl, Ph.G., of Louisville, Ky.

"The Use of Stimulants in Acute Diseases." By E. B. Hershey, M.D., of Denver, Col.

"Codeina." By A. K. Minich, M.D., of Philadelphia, Pa.

"Therapeutics of Idiopathic Epilepsy." By Prof. J. N. Barnhill, A.M., M.D., of Columbus, O.

"The Use of Drugs in Diseases of the Uterus." By Prof. John M. Dunham, A.M., M.D., of Columbus, O.

"Why the Pharmacopœial Preparations Should be Prescribed and Used by the Profession." By Leon L. Solomon, M.D., of Louisville, Ky.

"The Use of Electricity by the General Practitioner." By Caleb Brown, M.D., of Sac City, Ia.

"The Relation of Pharmacal Legislation to Pharmacal Education." By Willis G. Gregory, Ph.G., of Buffalo, N. Y.

"The Uric-Acid Di:thesis: Its Cause and Maladies Resulting from it. Is it a Cause or an Effect of Bright's Disease of the Kidneys?" By H. V. Sweringen, M.D., of Fort Wayne, Ind.

"The Sulphocarbolates." By Prof. William F. Waugh, M.D., of Chicago, Ill.

"Incompatibles." By E. A. Ruddiman, Ph.M., M.D., of Nashville, Tenn.

"Fraudulent Claims—The Remedy." By C. C. Fite, M.D., of New York.

"The Selection of Diuretics and Lithontriptics in Diseases of the Urinary Tract." By Ernest L. Stephens, M.D., of Fort Worth, Texas.

"Life-history of the Bacillus Tuberculosis in its Relation to the Treatment by Tuberculin." By Robert Reyburn, M.D., of Washington, D. C.

"The Chemistry of the Albuminates." By F. E. Stewart, M.D., of New York.

The following have also promised papers, subjects to be announced very soon, together with the day assigned for each discussion and paper:—

Dr. R. S. Woodson, U. S. A., of Fort McPherson, Ga. Dr. Dudley W. Buxton, of London, England. Prof. I. E. Atkinson, of Baltimore, Md. Prof. George F. Butler, M.D., of Chicago, Ill. Prof. Joseph P. Remington, of Philadelphia, Pa. Prof. Ernest B. Sangree, A.M., M.D., of Nashville, Tenn. Dr. L. A. Sayre, of Lawrence, Kas. Dr. T. M. Balliet, of Philadelphia, Pa.

The chairman will be pleased to receive and place upon the programme subjects for discussion and papers. John V. Shoemaker, M.D., chairman, 1519 Walnut St., Philadelphia, Pa.

Death of Professor Theophilus Parvin.—Dr. Parvin died at his residence in this city on January 29th. He was born at Buenos Ayres, educated in this country, and graduated in medicine at the University of Pennsylvania. After occupying chairs in Cincinnati, Indianapolis, and Louisville he became Professor of Obstetrics in Jefferson Medical College in 1883. Dr. Parvin was a constant contributor to periodical medical literature. His chief work, "The Science and Art of Obstetrics," is in its third edition. Dr. Parvin was the American editor of Winckel's "Diseases of Women." The deceased was an excellent speaker and a man of varied accomplishments.

Northwestern Medical Society of Philadelphia.—The officers recently chosen for the year are: President, Dr. Jay F. Schamberg; Vice-president, Dr. Isaac Leopold; Secretary and Treasurer, Dr. Frank Massey; Executive Committee, Drs. Wendell Reber, E. W. Tulley, and Frank Massey.

The Dauphin County (Pa.) Medical Association.—The following officers were elected for the present year: President, Dr. J. W. Roop, Harrisburg; Vice-presidents, Dr. Hassler, Harrisburg; and Dr. Ruhl, Middletown; Secretary, Dr. Paul H. Hartman, Harrisburg; Treasurer, Dr. E. H. Coover, Harrisburg.

Milwaukee Medical Society.—At the annual meeting of the Milwaukee Medical Society, recently held, the following officers were elected for the ensuing year: President, Dr. F. E. Walbridge; First Vice-president, Dr. A. I. Comfort; Second Vice-president, Dr. John Madden; Secretary, Dr. Gilbert E. Seaman; Treasurer, Dr. U. O. B. Wingate; Librarian, Dr. Louis F. Frank; Curator, Dr. Arthur J. Patek.

Medical Society of the County of Kings (N. Y.).—At the annual meeting, the following were elected: President, Joseph H. Hunt; Vice-president, E. H. Bartley; Secretary, David Myerle; Assistant Secretary, R. J. Morrison; Treasurer, Charles

Digitized by Google

N. Cox; Assistant Treasurer, I. A. Gordon; Librarian, William Browning; Censors, H. B. de Latour, H. A. Fairbairn, J. M. Winfield, J. M. Van Cott, and J. L. Kortright; Trustee, George McNaughton; Delegates to the Medical Society of the State of New York, H. P. de Forest, Gordon R. Hall, A. C. Brush, H. A. Alderton, William F. Campbell, Z. T. Dunning, James P. Warbasse, H. T. Hotchkiss, John Rankin, A. C. Bunn, P. Scott, Victor Robertson, H. R. Price, William Schroeder, Frederick J. Shoop, Sylvester McNamara, H. F. Williams, William C. Braislin, J. M. Clayland, William Waterworth, and William Simmons.

St. Elizabeth's Hospital, Baker City, Oregon.—St. Elizabeth Hospital was recently dedicated, and the following physicians appointed on the staff: Dr. J. P. Atwood, director; Drs. J. P. Hayes, O. M. Dodson, T. N. Snow, W. L. Parker, C. W. Faull, and E. B. McDaniel.

San Francisco Medical Society.—The following officers have been elected: Dr. A. P. Woodward, president; Dr. J. F. McCone, first vice-president; Dr. T. B. de Witt, second vice-president; Dr. G. H. Evans, recording secretary; Dr. F. B. Petrie, assistant recording secretary; Dr. L. M. F. Wanzer, corresponding secretary; Dr. E. E. Kelly, treasurer; and Dr. D. W. Montgomery, librarian and curator.

Editorial Change.—Dr. Horatio Wood, Professor of Therapeutics in the University of Pennsylvania, has assumed editorial charge of the American Medico-Surgical Bulletin. Dr. R. G. Eggles will remain as managing editor.

Higher Entrance Standards.—It is of great importance to the future of medicine in this country that those beginning their course in the medical colleges should be well prepared by preliminary training to benefit by their studies. Physicians should be men of general culture. Professional education should rest upon a broad, general basis.

These obvious facts have caused progressive institutions to raise their standards of admission and to demand of their matriculates evidence of preliminary training. In this connection we note with approval the address of President Harper at the Convocation of the University of Chicago. The distinguished speaker said, in part:—

"It will be of interest to the faculties of the university to learn that at its meeting on December 29th the University Trustees, in response to a petition from the Trustees of Rush Medical College, voted to enter into affiliation with that college. The date proposed for the consummation of the relationship is June 1, 1898, but it is specifically stipulated that the affiliation shall be dependent upon three conditions.

"The second condition provided that the requirements for admission to the college shall gradually be increased, until, in the autumn of 1902, only those who have completed the freshman and sophomore years of regular college work shall be admitted. This proposition, which had already been adopted by the present Trustees of Rush Medical College, is a most significant step in the history of medical education."

St. Louis Academy.—At a recent session of the St. Louis Academy of Medical and Surgical Sciences the following officers were elected for the ensuing term: Dr. A. H. Ohmann-Dumesnil, president; Dr. G. C. Eggers, senior vice-president; Dr. J. B. Ross, junior vice-president; Dr. Emory Lanphear, secretary; Dr. George F. Hulbert, treasurer; Dr. George H. Thompson, curator; Dr. Phil. Scholz, orator; Dr. James Moores Ball, librarian.

Medical Department of the University of Oregon.—Dr. Ernest F. Tucker, who has filled for two years past the chair of anatomy in the Medical Department of the University of the State of Oregon, and who was previous to such time Lecturer on Clinical Gynæcology in the same school for two years, has been elected Professor of Gynæcology to fill the position formerly occupied by Dr. C. C. Strong. Dr. Cauthorn has been elected Professor of Anatomy. Dr. Cauthorn held a like position in the Willamette University many years ago, and for a number of years was Professor of the Principles and Practice of Surgery and Secretary of the Faculty of the Medical Department of the Willamette University before its removal to Salem.—Medical Sentinel.

Obstetrical Society of Cincinnati.—The Obstetrical Society of Cincinnati, at its annual election, chose the following officers: President, Dr. E. S. McKee; Vice-president, Dr. W. D. Porter; Recording Secretary, Dr. William Gillespie; Corresponding Secretary, Dr. M. A. Tate; Treas-

Digitized by Google

urer, Dr. George E. Jones; Librarian, Dr. Bonnifield.

Dr. Jesus E. Monjaras, of San Luis Potosi, Mexico.—Dr. Monjarás, a delegate to the American Public Health Association at the meeting held in Philadelphia, was born in March, 1858, at San Luis Potosi. After obtaining a public-school education he began the study of medicine in 1876, matriculating at the National School of Medicine, City of Mexico. He attended twenty courses of lectures at that institution, and was graduated in October, 1880.

Dr. Monjarás had hospital practice in the City of Mexico from 1876 to 1880, and continued to practice in that city one year after graduation. He then removed to San Luis Potosi.

Dr. Monjarás was honorary vice-president, for Mexico, of the International Congress on Public Health, held in Chicago, in 1893; is a member of the American Public Health Association; and of the Société de Médecine Publique et d'Hygiene Professionnelle de Paris. He was a student in hygiene and bacteriology in the Pasteur Institute, Paris, and has devised a light screen and pincers for use in such researches.

Dr. Monjarás is Professor of Legal Medicine, Inspector-general of Public Health, and President of the Superior Council of Health of the State of San Luis Potosi. He has been deputy to the Congress of the State, a member of the City Hall, a delegate to various foreign medical congresses, including the Eleventh International Medical Congress, held in Rome, in which he was elected President Honorary of Hygiene Section, and, in the medical congress of his own country, president of the local committee.

Appointed Professor.—Dr. C. E. Ide, formerly of Buffalo, has been elected Professor of Histology in the Illinois Medical College at Chicago.

Mutual Aid Association of the Philadelphia County Medical Society.—A meeting of the County Society, held January 28th, was devoted to the interests of the Mutual Aid Association. Addresses were made as follows:—

Introductory remarks by Dr. Charles Hermon Thomas, President of the Mutual Aid Association.

Dr. A. F. Currier, of New York: "The Fifty-five Years of the New York Society for the Relief of Widows and Orphans of Medical Men."

Rev. Dr. Joseph Krauskopf: "The Necessities of the Widow and Orphan."

Dr. Charles A. Leale, President of the New York Society for the Relief of Widows of Medical Men.

Rev. Dr. Charles Wood: "Charity."

Dr. John B. Roberts: "The Needs of the Association."

After the meeting a reception and collation in honor of the guests were given at the University Club.

Announcement.—In his bulletin of medical publications Mr. W. B. Saunders calls special attention to the issue of an English edition of Lehmann's "Hand Atlases." There will be seven or eight—possibly ten—of these books published during the coming season. All contain a large number of colored plates. Among other forthcoming books are Keen's "Surgical Complications and Sequels of Typhoid Fever," the 1898 edition of the year-book, volumes of the American Text-book Series, Stengel's "Pathology," Heisler's "Embryology," Hirst's "Obstetrics," etc.

Reception to Senators.—On February 21, 1898, Dr. C. F. Taylor gave a very elegant reception in honor of Senator R. F. Pettigrew, of South Dakota, and Senator Marion Butler, of North Carolina. The entertainment was much enjoyed by all present.

New York Physicians' Mutual Aid Society.—At the annual meeting of the New York Physicians' Mutual Aid Society, the following were elected officers for the present year: President, Dr. Daniel Lewis; First Vice-president, Dr. J. W. Hyde; Second Vice-president, Dr. W. F. Mittendorf; Secretary, Dr. J. D. V. Young; Treasurer, Dr. Robert Campbell. The permanent fund of the society amounts to $31,000, and the membership to 1451.

German Hospital of Philadelphia.—Dr. James C. Wilson has been appointed Chief of the Medical Department of the German Hospital, and Drs. Harvey Shoemaker and Henry F. Page, Medical Assistants.

Western Surgical and Gynæcological Association.—At the recent meeting held in Denver Dr. D. S. Fairchild, of Clinton, Ia., was elected President, and Dr. H. H. Simmons, of Lincoln, Neb., Secretary and Treasurer.

Digitized by Google

Medico-Chirurgical Society of Louisville.—The Louisville correspondent of the Journal of the American Medical Association writes: "Professor Ernest Laplace, of Philadelphia, was the guest of honor at a recent meeting of the Medico-Chirurgical Society of Louisville, Ky., the society being entertained by Dr. William L. Rodman. Because of the social feature of the evening, there was no essay presented, but in lieu of that Dr. Rodman presented several very interesting and instructive cases, chief among which was the patient, a picture of whom is to be found in the 'System of Surgery,' by Park, of multiple enchondromata. The patient was to be operated on the next day, it being necessary for him to sustain an amputation of the right arm, on account of a sarcoma involving the elbow-joint. The society was entertained by Professor Laplace in a discussion of this case. At the conclusion of the meeting the following gentlemen met around the banquet board, at the Pendennis Club: Drs. W. L. Rodman; Ernest Laplace, of Philadelphia; Johnson, of Bowling Green, Ky.; Carl Weidner, William V. Laws, T. H. Baker, Henry Orendorf, George W. Griffith, John G. Cecil, J. A. Larrabee, M. F. Coomes, W. O. Roberts, H. A. Cottell, W. E. Grant, S. E. Woody, J. W. Irwin, Joseph M. Mathews, Louis Frank, A. M. Cartledge, I. N. Bloom, W. H. Wathen, Fouche Samuel, T. S. Bullock, Ap. Morgan Vance, H. H. Grant, J. M. Ray, J. E. Hays, William Cheatham, T. H. Stucky, Frank Wilson, John Williams, T. C. Evans, S. G. Dabney, Henry E. Tuley, and Dr. William Bailey, who acted as toast-master. The following toasts were responded to: 'The Medico-Chirurgical Society' by Dr. John A. Larrabee; 'The Medico-Chirurgical College,' by Professor Laplace; 'The Clinical Society,' by Dr. I. N. Bloom; 'The Surgical Society,' by Dr. Lewis S. McMurtry; 'The Commonwealth and the State Board of Health' by Joseph M. Mathews, and 'Reminiscences' by Dr. H. A. Cottell."

Professor Marc Olivet.—Swiss medicine has sustained a severe loss in the death of Marc André Olivet, Professor of Psychiatry in the University of Geneva. The deceased graduated at Würzburg in 1842, and afterward studied at Lyons and Paris. The Lancet says:—

"It is greatly due to his influence that medicine has made itself so beneficially felt in the aggregate life of the Swiss population, commencing at school and extending to every industrial or mercantile employment, demanding the co-operation of many hands. For the eight years during which he sat in the Administrative Council of Geneva he was the advocate, equally persistent and enlightened, of school-hygiene: a subject which interested him deeply even in advancing age and declining health, in so much that he did not disdain the onerous, if comparatively humble, duties of sanitary inspector of the infant-schools of the city.

"Dr. Olivet has left a high reputation in medical and particularly in hygienic literature, his monographs and more fugitive publications on hygiene as applied to school-life, to pedagogy, to agriculture and such like, amounting to not a few volumes. 'Thorough' is the attribute written large over all these compositions, characteristic as they are of his penetrating insight, sound judgment, and mastery of detail. It is, however, as a clinical observer and teacher that his memory will be most warmly cherished in the Geneva school, where he has left behind a record of acute diagnosis and judicious therapeutics rarely surpassed in the difficult and delicate field of medicine he had made his own. Ill-health withdrew him from professional work about a year ago; but, as is often the case, the unwelcome inactivity thus imposed seemed to assist the malady which it was meant to avert. He died on the 24th ult. in his seventy-sixth year."

The Late Professor Haughton.—Among intellectual Irishmen few were more prominent and typical than Professor Haughton, M.D.Dub., D.D. He was encyclopædic in his knowledge and his conceptions of knowledge. Divinity, mathematics, mechanics, physics, physiology, languages, medicine, all seemed alike easy to him. But it was in his nature and disposition that his chief charm lay. His geniality and humor were constant and sometimes irrepressible, even when subjects of grave moment were under discussion. He was a very familiar and distinguished figure in the General Medical Council on which for a great many years he represented Trinity College, Dublin. On questions of education, especially general education, he spoke with an authority to which no other member could pretend. But

Digitized by Google

on essentially medical subjects, such as midwifery and infectious diseases, he spoke well and was always on the practical side, as one representing a country the social condition of which made medical help at once difficult to get and essential to have. Professor Haughton was for years on the Education Committee of the Council, and in this capacity he did great service. Proud of the great college of which he was so distinguished a representative, and ready as he was to fight for her whenever anything was said which seemed to conflict with her interests or her honor, he yet concerned himself with all the ordinary questions which engaged the attention of the council both in its educational and its ethical work. And so it happened that when failing health compelled his reluctant resignation the members felt an unusual personal sense of loss and regret and that one would be missing from their midst who imparted to their discussions interest and wit and learning of quite an exceptional kind.—Lancet.

The New York Academy of Medicine.—At the annual election Dr. Orlando B. Douglas was elected Vice-president; Dr. Louis Faugères Bishop, Recording Secretary; Dr. M. Allen Starr, Corresponding Secretary; Dr. Henry E. Crampton, Treasurer; Dr. Arthur M. Jacobus, Trustee; Dr. Henry Ling Taylor, a member of the Committee on Admissions; and Dr. Edward D. Fisher, a member of the Committee on the Library.

St. Thomas's Hospital, London.—Dr. H. P. Hawkins has been appointed Physician to St. Thomas's Hospital in the vacancy caused by the retirement of Dr. W. M. Ord, and Dr. S. G. Toller has been appointed Assistant-Physician in Dr. Hawkins's place.

Book Reviews.

A Modern Pathological and Therapeutical Study of Rheumatism, Gout, Rheumatoid Arthritis, and Allied Affections. By Edmund L. Gros, M.D., of the Faculty of Paris. Translated from the French.

This small memoir contains an interesting sketch of the disorders due to retarded organic oxidation, with a classification showing the relationship of the various affections, according to the most recent investigations as to their mode of origin. As regards treatment, the author advocates the use of a combination of colchicine with the natural salicylate of methyl distilled from the *Betula lenta*, the type of this association of drugs existing in the colchi-sal capsules.

Aids to Aseptic Technique. By A. D. Whiting, M.D., Assistant Surgeon to the German Hospital, Philadelphia. Philadelphia: J. B. Lippincott Company, 1898.

In this small octavo volume the author enumerates the various sources of infection which may invalidate the effect of the most skillfully performed operation. He describes very clearly the manner in which all the appurtenances of the operating-room, the field of operation, and the hands of the surgeon are to be rendered aseptic. A chapter is also devoted to the description of special bacteria and the methods for testing the sterility of materials.

As a brief presentation of the methods which have rendered surgical practice vastly more effective than could have been the case in former years, Dr. Whiting's book is adapted to answer a very useful purpose to a large class of readers.

The Psychology of Suggestion: A Research into the Subconscious Nature of Man and Society. By Boris Sidis, M.A., Ph.D., Associate in Psychology at the Pathological Institute of the New York State Hospitals. With an introduction by Professor William James, of Harvard University. New York: D. Appleton & Company, 1898.

The time was—and not so very long ago—that speculation upon the important subjects dealt with in this book, were of an entirely subjective character and were necessarily based upon metaphysical doctrines. Of late years, however, the methods of

Digitized by Google

physical science have been applied to the solution of many intellectual problems, with results that are, at least, suggestive and often throw a flood of light upon obscure and difficult questions. According to this school of thought, morbid intellectual processes are of great value in elucidating phenomena which, though long recognized, have never been satisfactorily explained.

The scientific study of hypnotism opens wide avenues for speculation and research. It suggests new conceptions of the nature of the human mind: self-consciousness and personality. Dr. Boris Sidis has been a deep student of these intricate questions, and in this book has produced an original and valuable contribution to the literature of modern psychology. The volume deals with difficult topics, it is the result of study, and it requires study; yet it is written in interesting style and will certainly stimulate thought. It possesses a practical as well as speculative value, as some of the author's researches are applicable to neurotic patients. In Part III, which treats of "Society," Dr. Sidis endeavors to explain scientifically the occurrence of panics and mental epidemics.

In short, this is a book which will repay an attentive perusal.

The American Year-book of Medicine and Surgery. Being a Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, Drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators. Collected and Arranged with Critical Editorial Comments by Samuel W. Abbott, M.D.; J. M. Baldy, M.D.; Charles H. Burnett, M.D.; Louis A. Duhring, M.D.; Virgil P. Gibney, M.D.; John Guitéras, M.D.; E. Fletcher Ingals, M.D.; W. W. Keen, M.D.; William Pepper, M.D.; and others under the general editorial charge of George M. Gould, M.D. Illustrated. Philadelphia: W. B. Saunders, 1898. Cloth, $6.50; Half-morocco, $7.50.

The distillation of the medical literature of the past year is a work of extreme imtance to the general practitioner and has been accomplished with rare discrimination by Dr. Gould and his assistant corps of editors. The mass of information contained in the volume is very large. The reader finds gathered within the limits of one volume an admirable and practical *résumé* of the world's literature. Works of reference such as this are adapted to the daily use of the physician. It is almost impossible for one to keep track of all articles of interest in periodical literature. When, however, these are all epitomized in a volume they are read and re-read until they become a part of one's intellectual property. The Widal test for typhoid fever, which was the most important contribution to the progress of internal medicine, has proved of marked efficiency in determining an early diagnosis. Ample detail concerning the method is given in appropriate places throughout the work. In the section upon surgery are articles upon formaldehyde as a disinfectant, the use of antistreptococcic serum, the treatment of inoperable malignant tumors by the mixed toxins of the streptococcus of erysipelas, forcible correction of the deformities of Pott's disease of the spine, the value of the cystoscope in diagnosing renal and vesical disease, the immediate suture of divided blood-vessels, and other important subjects which have been the subject of much discussion. In the department of materia medica and therapeutics the latest literature concerning new remedies and therapeutic procedures is gleaned for the benefit of the reader. The other departments of medicine and surgery, including the chief specialties, are presented in the same practical manner. The excellent index which concludes the work is of much assistance in guiding the reader. The typography and illustrations are of the best.

Digitized by Google

COMMERCIAL NEWS.

"Concentrated" Antitoxin.

The present almost universal demand for a diphtheria antitoxin of extra high potency was anticipated by the directors of the Pasteur Laboratories, in Paris, and about a year ago, in conjunction with Dr. Calmette, they began the preparation of a serum specially designed to meet this requirement. Their labors have resulted in the production of what is known as "concentrated" antitoxin. This serum already seems destined to occupy a very high place in public favor, not only on account of the small bulk required in its administration, but also on account of the quality of the serum, which needs no higher praise than to say it was made, tested and vouched for at the Pasteur Laboratories in France. Some idea of the immense out-put of these vast laboratories may be gathered from the fact that between 350 and 400 horses are in constant use for the production of antitoxins and blood-serums.

Then when it is remembered that the equipment of the laboratories is unequaled, and that they are operated by a corps of the greatest scientists in the world, it is easy to understand the wide-spread popularity of their products. Great stress is placed upon the fact that no antiseptics are used in any of their serums. This feature is peculiar to the Pasteur antitoxins and insures their harmlessness in any sized dose. The sole importers of these serums are the Pasteur Vaccine Co., whose offices are located at 56 Fifth Avenue, Chicago, and from whom full literature can be obtained, while the antitoxins themselves are furnished from the numerous supply-depots established in all the principles cities of the United States.

Sanmetto in Genito-urinary Diseases.

I have prescribed sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.

J. F. Suydam, M.D.

Alma, Mich.

The St. John's River.

The Clyde Line, operating steamers between New York, Charleston, and Jacksonville, Fla., in connection with Clyde's St. John's River Line, announce that on the 16th inst. they commenced running steamers, between Jacksonville, Palatka, Sanford, Enterprise and intermediate points, leaving Jacksonville daily (except Saturdays). Returning these steamers leave the various landings daily (except Sundays) for Jacksonville, where connection is made with the Clyde Line steamers for the North. Heretofore the service on the St. John's River has been triweekly. The beauties of the St. John's River have been heralded far and wide, and there are few Northerners who do not know of at least some of the attractions located on the banks of this river, the course of which is directed through the most tropical portion of Florida. The Clyde Line does the largest passenger business of any steamer line between New York and the South, and they have recently issued some very interesting literature, which can be obtained by addressing a communication to the Clyde Line, 5 Bowling Green, New York.

Delirium Tremens.

F. E. Harrison, M.D., Abbeville, S. C., says: "I have used celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

ELIXIR SALICYLIC COMP.

(WM. R. WARNER & CO.)

Avoid Substitutes and Imitations.

A Potent and Reliable Remedy in Rheumatism, Gout, Lumbago, and Kindred Complaints.

Combining in a pleasant and permanent form in each fluidrachm, the following:—

Acid. Salicylic. (Schering's), grs. v.
Cimicifuga, grs 1¾. Potass. Iodid., grs. iss.
Tr. Gelsemium, gtt. j. Sodii Bicarb.

This preparation is especially valuable for rheumatic diathesis and in the treatment of acute inflammatory, subacute, and chronic rheumatism; any of which will yield to tablespoonful doses, every three or four hours, until four doses are taken; then a dessertspoonful at a time, and finally decrease to a teaspoonful every three or four hours.

In acute inflammatory rheumatism experience has proved that two tablespoonfuls administered every four hours until a slight ringing in the ears follows, the dose then decreased to a tablespoonful every three or four hours, will produce the desired effects

The advantages of Elixir Salicylic Comp. are afforded by the combination of Salicylic Acid with Soda in excess, thus forming a salt less corrosive and irritating and more readily borne by the stomach.

The other ingredients possess advantages well known to the profession, to whom this preparation is alone introduced. We therefore suggest the propriety of specifying "Warner & Co.'s" and, in ordering in f℥xij quantities, to obtain original bottles It is a matter of great satisfaction to us to be able to place before the profession a remedy so effectual in the cure of one of our most stubborn classes of disease. **Price, $1.00 per bottle.**

Elixir Salicylic Comp. is put up in 12 oz. square, blue bottles, with prescription label on it, and may be obtained from druggists everywhere. See that no substitutes are offered.

For Sale by All Druggists.

WILLIAM R. WARNER & CO.,

1228 MARKET ST., PHILADELPHIA. 52 MAIDEN LANE, NEW YORK. 197 RANDOLPH ST., CHICAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

FORMULA:

Sodium Phosphate, C. P.,
Sodium Sulphate, C. P.,
Sod. et Pot. BITART., and
Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Digitized by Google

is peculiarly fitted to such cases as delirium tremens, headache from debauch, or excessive mental or physical exertion."

Sleeplessness in Melancholia.

One of the chief aims of treatment in melancholia is that the patient obtains sufficient and restful sleep, for protracted sleeplessness has an especially pernicious effect in this class of cases. An hypnotic should be selected which will not narcotize the patient, but will provide sleep resembling as closely as possible the normal, without the risk of inducing habituation and without disagreeable after-effects. As an hypnotic for these cases trional approximates more perfectly than any other drug to being an ideal remedy. In a recent contribution to the study of melancholia, Dr. A. P. Stoner (Medical and Surgical Reporter) considers trional as perhaps the best hypnotic when sleep is disturbed. It seldom fails to produce quiet, refreshing sleep. It should be given in 15-grain doses at bed-hour. The dose should be repeated after two hours, if occasion demands it. Especial scrutiny should be made to ascertain whether sleep is disturbed or not; patients will feign slumber many times and go for days without sleep.

Garofen.

Cut this out and mail it to the Phénique Chemical Co., of St. Louis, Mo., and you will receive, free of charge, sample, literature, and reports on the new vegetable analgesic and antipyretic that has come to take the place of morphine, acetanilid, and its many compounds. Gárofen contains no coal-tar products, nor opium or its alkaloids in any form.

The One of Many.

Among the testimonial letters received from physicians by the manufacturers of Imperial Granum, is one in which they take even more than usual pride, and from which we quote as follows: "I am sending you a photo. of my little 2-year old boy, who has been raised nearly altogether on imperial granum. He was very delicate, and we had a great deal of trouble with him owing to his weak digestion, and I feel that your imperial granum saved his life. He never tires of it, and it is the only one of the many prepared foods that seems to agree with him." Samples of this justly celebrated dietetic preparation are sent to physicians on request.

A Recognition of Merit.

For the first time in my experience I write a testimonial in favor of a proprietary medicine. I do it now only from a sense of recognizing merit where merit is due. I have devoted my attention exclusively to rectal conditions for a quarter of a century, and have constructed an array of antagonistic and aggressive remedial forces that only long practice can establish as reliable. I began with resinol about two years ago, and subjected it to the various tests that its nature might suggest, and have now so perfected or defined its sphere of action that it is becoming more and more invaluable each successive week. I use about ten ounces daily. Its antiphlogistic and antiseptic qualities appeal to me as its leading features, and I have greatly broadened my reputation by its magical action in strangulated hæmorrhoids and acute proctitis. In destroying hæmorrhoidal tumors as I do, I can reduce the time one-half, being able to double the force of operative means on account of obviating inflammation and pain by using this remedy in conjunction with the destructive measures. If physicians in general practice would employ resinol in the frequent cases that come under their care, as an "attack of piles," the more ancient methods would become devoid of interest. I trust you will pardon this intrusion, as I could not help

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS, PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

One Physician's Testimony

Dr. W. C. Abbott, editor of the "Alkaloidal Clinic," Chicago, Ills., writes thus to the Franklin Mills Co., regarding their

Fine Flour of the Entire Wheat:

Extract from Letter:

"We have had much experience with entire wheat flour and can honestly say that yours is the most satisfactory of all. In its fine texture and careful milling you have removed all the objections to flour of this kind and we sincerely trust that you will keep up your standard that it may always be a pleasure and satisfaction, as it now is, to specify "Franklin Mills" when we prescribe flour of the entire wheat as we do daily.

"*Next to the alcohol habit, I consider the general use of white flour the greatest menace to American civilization.* We have a large bakery near here whose bread I have been able to introduce quite extensively from the fact that it is made of Franklin Mills flour and we shall do all we can to aid you in introducing this very nutritious article. I have an editorial partly prepared based somewhat upon your little pamphlet (which by the way is a very excellent one), aiming to convey a little needed intelligence on the subject of what flour of the entire wheat really is."

A comparative chemical analysis, with other useful information, will be sent to any physician on request. Ask for it and see that the constituents of our flour make it not only desirable as an addition to your home dietary, but also very valuable wherever nourishing food is to be prescribed. The genuine made only by the

FRANKLIN MILLS CO., LOCKPORT, N. Y.

Tannalbin in... DIARRHEA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin.

Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin

ALTERATIVE
ANTIRHEUMATIC
ANTICATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent of Ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

it, my enthusiasm impelling me to the action. Very sincerely yours,

EUGENE F. HOYT, M.D.

New York City.

OF TIMELY INTEREST.

Medical authorities are now giving great attention to stomachic conditions in throat and chest diseases and catarrhal affections. Malnutrition and stomach derangements are largely responsible for the obstinate coughs and bronchial disorders of the season. The depression and debility so common to these cases is quickly dissipated by "Gray's glycerine tonic comp." It soothes irritated tissues, controls coughs, and relieves dyspnœa. There are no depressing after-effects or congestion. The stomach receives reliable and positive aid. In chronic ailments it is of special value. The Purdue Frederick Co., 52 West Broadway, New York.

BLENNOSTASINE IN COLDS.

"I have made use of blennostasine with the following results: I have prescribed it in the treatment of three singers, who were using their voices every night at theatres, and who, at the time of coming to me, were suffering from acute laryngeal and bronchial colds; two of them were of the character of grip. I gave them 1 grain of blennostasine, every half hour during the day, and succeeded in cutting short their nasal colds in a remarkable degree, and in diminishing the congestion of the larynx. I think we have in this drug a very useful remedy in aborting coryzas and acute laryngeal colds, and much prefer it to preparations of belladonna."

C. C. RICE, M.D.

AN EXCELLENT TESTIMONIAL.

"I have used 'Platt's Chlorides' as a vaginal douche in the proportion of 1 part of the chlorides to 32 parts of water,—and, in cases of very offensive discharges, 1 to 16, —with very satisfactory results."—Henry T. Byford, M.D., 100 State St., Chicago, Professor of Gynæcology and Clinical Gynæcology in the College of Physicians and Surgeons, Chicago (Medical Department of the University of Illinois).

HENRY'S THREE CHLORIDES.

In the treatment of primary syphilis mercury is almost a specific. Bichloride of mercury is the best form, given by mouth, hypodermically, or by inunction. The last two forms of treatment, however, are very disagreeable, necessitating personal attendance on the part of the physician and preventing the patients from attending to his duties, if they be such as to leave him no time during the day, or perhaps requiring his leaving the city. If we now consider that, next to mercury, tonics of iron and arsenic are the most important drugs to be given, Henry's three chlorides, which contains all three ingredients and never causes any disagreeable symptoms, is the *desideratum* in the treatment of syphilis.

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

No. One Madison Av. New York

Dear Doctor:

If you prescribe cod liver oil, you want the best preparation = i.e Maltzyme with C.L.O. It has twice as much Diastase as any other malt with oil, and it is palatable. It possesses all the virtues of cod liver oil combined with those of the diastasic nutrient = the "Digestive Food" = Maltzyme.

Faithfully yours.
Malt-Diastase Co.
C.C. F.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation, and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia, Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise.

THE PURDUE FREDERICK COMPANY,

Write for Samples. No. 52 West Broadway, New York.

Digitized by Google

DR. McMUNN'S

Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

E. FERRETT, Agent, 372 Pearl Street, New York.

ANTI-TUBERCLE SERUM (PAQUIN)

ANTI-DIPHTHERITIC SERUM (PAQUIN)

ANTI-TETANIC SERUM (PAQUIN)

ANTI-STREPTOCOCCUS SERUM (PAQUIN)

INDICATED IN

Tuberculosis
Diphtheria
Tetanus (Lock-jaw)

Puerperal Fever, Septicemia, Mixed Infections of Tuberculosis and Diphtheria, Erysipelas, Scarlatina, Pyemia, Bronchitis, Bone and Joint Tuberculosis.

Tuberculin, Erysipelas Toxin, Mallein, Vaccine Points, Cultures Pathogenic and Non-Pathogenic, Slides of Germs, Outfit for Microscopical Diagnosis of Tuberculosis, Chemic, Bacteriologic and Microscopic Analyses Made.

Brochure, with Clinical Reports, also Vials for Mailing Specimens for Analysis, sent on Application.

THE PAUL PAQUIN LABORATORIES CO., 209 N. 7th St., ST. LOUIS, MO.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 4, 1897, and continues until May. It is preceded by a Preliminary Session of two weeks, and followed by a Post-Graduate Course until middle of June.
Preliminary examination, or equivalent degree, and four years' graded course obligatory.
Instruction is given by lectures, recitations, clinical teaching, and practical demonstrations. In the subjects of Anatomy, Pharmacy, Chemistry, Physiology, Hygiene, Therapeutics, Histology, and Pathology and Bacteriology special practical laboratory instruction is given. Also bedside instruction in Medicine, Surgery, and Gynæcology.
Examinations are held at the close of each Regular Session upon the studies of that term.

FACULTY:

Therapeutics, Skin, and Venereal Diseases, J. V. Shoemaker, M.D., LL.D.
Practice.....J. M. Anders, M.D., Ph.D.
Surgery and Pathology.....Ernest Laplace, M.D., LL.D. / Wm. L. Rodman, M.D.
Obstetrics.....W. Frank Naehnlen, M.D., Ph.D.
Gynæcology.....W. Easterly Ashton, M.D.
Ophthalmology.....L. Webster Fox, A.M., M.D.
Physiology.....Isaac Ott, A.M., M.D.
Hygiene.....Seneca Egbert, A.M., M.D.
Clinical Medicine.....William K. Hughes, M.D.
Nervous Diseases.....Chas. W. Burr, A.M., M.D.
Children's Diseases.....W. C. Hollopeter, M.D.

For further information or announcement, address

SENECA EGBERT, A.M., M.D., DEAN,
Medico-Chirurgical College, Philadelphia, Pa.

PURE SANDAL OIL CAPSULES.

			PER DOZ.
List No. 53A	12 in Box	10 Minims Size.	$ 2.25
" 53	24 "		4.25
" 54	36 "		6.25
" 54C	100 "		15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

			PER DOZ.
List No. 421A	40 in Vial	5 Minims Size.	$ 4.75
" 421B	80 "		9.00
" 421C	100 "		10.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

HENRY'S Three Chlorides

(LIQ. FERRISENIC HENRY'S).

THE GLANDULAR STIMULANT AND CHALYBEATE TONIC.

THERAPY: Tonic, stomachic, anti-scorbutic, hæmatinic, and alterative.

Indicated in Anæmias, Chlorosis, and as a reconstructive in convalescence from any cause.

Makes Quantity and Quality of Blood.

DOSE: 1 or 2 drachms.

HENRY'S TRI-IODIDES.

(LIQ. SALI-IODIDE HENRY'S).

ALTERATIVE { Antirheumatic. Antisyphilitic.

THERAPY: In lymphatic and visceral disturbances a uric-acid solvent, and a reliable eliminant in all diathetic diseases.

1 or 2 fluidrachms in water exercises a synergistic effect over the entire range of

THE SALICYLATES AND IODIDES.

MAIZO-LITHIUM

(LIQ. LITHIUM MAIZENATE).

A POSITIVE DIURETIC.

STIMULATING, YET NON-IRRITATING.

THERAPY: In genito-urinary diseases, cystitis, incipient diabetes, lithæmia, urethritis, and all inflamed conditions requiring a non-irritating diuretic.

DOSE: 1 or 2 drachms. 8-oz. bottle, $1.00.

LITERATURE ON APPLICATION. HENRY PHARMACAL CO., LOUISVILLE, KY.

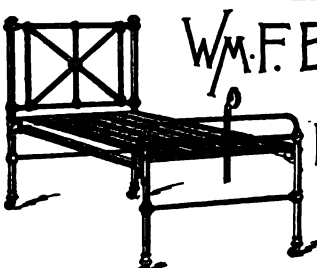
DOCTOR, DO YOU CURE YOUR **GOITRE PATIENTS?**

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

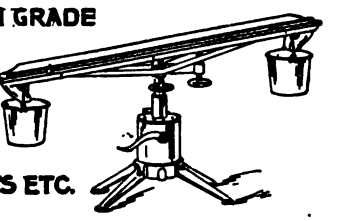
Lock Box 4. **F. E. MAY, M.D., Bloomington, Ill.**

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFRS 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

ALWAYS MENTION
THE MEDICAL BULLETIN
When Writing to Advertisers.



WM. F. BERNSTEIN & CO.
MAKERS OF HIGH GRADE
ASEPTIC
HOSPITAL FURNITURE
IRON BEDSTEADS
MATTRESSES
PILLOWS ETC.
SEND FOR CATALOGUE



FACTORY & OFFICE 917 RICHMOND ST SHOWROOMS 4TH & CALLOWHILL STS. PHILA.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter.

Resident Physicians: { J. Willoughby Phillips, M.D. S. A. Mercer Given, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, APRIL, 1898. No. 4.

Clinical Lectures.

A CASE OF TYPHOID FEVER, WITH REMARKS ON SOME CLINICAL PECULIARITIES MANIFESTED BY THE PRESENT EPIDEMIC OF TYPHOID IN PHILADELPHIA.[1]

BY J. M. ANDERS, M.D., LL.D.,

Professor of Medicine and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: Case I is a male, aged 23 years, single, and a laborer by occupation.

The family history reveals no points that have a practical bearing upon his case, and his own previous history is also negative.

The present illness began eight days before he was admitted into the hospital,—October 8th. The disease was of slow and insidious onset, and the usual symptoms of the incubation period of typhoid fever were noted: headache, languor, loss of appetite, and disinclination for physical or mental exercise. The invasion symptoms were typical of typhoid fever (chilliness, feverishness, increasing prostration, etc.), but, in addition, pain in the back and inferior extremities was unusually severe, according to the history.

At the time of admission to the hospital (October 16th), nearly all of the characteristic symptoms were in evidence: the temperature ranged from 102° to 104° F., the pulse undulated from 90 to 108; there were present nervous symptoms, as mental dullness and mild nocturnal delirium, while the typhoid eruption was visible upon the trunk.

The urine responded to the diazo-reaction. An examination of the blood after the Widal method failed to give the characteristic reaction at the first test; but the second test, made in the pathological laboratory, verified the presence of the disease.

Notwithstanding the fact that the Widal blood-reaction was, for a time absent, the diagnosis of typhoid fever was strenuously adhered to, in view of the peculiar grouping of the symptoms mentioned above.

I would remark, here, that typhoid fever should not be excluded irrevocably on the negative results obtained from a single blood-examination after the method of Widal. *Per contra*, a positive diagnosis is, as a rule, easily made without an examination of the blood.

Acute miliary tuberculosis is sometimes eliminated with great difficulty, particularly the typhoid type of this affection. It is true that typhoid fever has a slower pulse-rate, less prominent thoracic symptoms, and a peculiar fever-curve; but the best mode of avoiding the confusion of these diseases is by a *blood-examination*, which shows leukocytosis in acute miliary tuberculosis on the one hand, and the presence of the Widal blood-reaction in typhoid fever on the other.

After an afebrile period, lasting one week, there suddenly appeared, two days ago, a pain in the ileo-cæcal region, for

[1] A clinical lecture delivered in the clinical amphitheatre of the Medico-Chirurgical Hospital. Reported by L. G. Wettrau.

Digitized by Google

which hot fomentations were employed, and on the next day the pain had moved its seat to the infra-axillary region of the same side. The dry, or plastic, form of pleurisy was now diagnosticated, owing to the presence of the pathognomonic friction-sound.

The prognosis is hopeful in this case, principally for the following reasons: First, that the type of the infection was only moderately severe; secondly, on account of the absence of dangerous complications; and, lastly, the absence of unfavorable personal factors (alcoholism, obesity, etc.). [It is worthy of notice, and an intensely interesting observation, that the symptoms of the plastic pleurisy became somewhat aggravated almost immediately after the date of the clinic, and then followed promptly the evolution of an otherwise typical relapse. It was an instance in which a relapse may be said to have assumed the form of pleuro-typhoid, though a copious effusion was not present. This I had never met before.]

The treatment of this case has been simple and largely hygienic. I would strongly urge careful disposal of dejecta and disinfection, not only of the dejecta, but also of the sputum, vomitus, and the urine.

To guard the family, as well as the community, from possible infection, the drinking-water needs to be thoroughly boiled, and the milk-supply properly investigated if the water can be proved blameless. I feel convinced that had this precaution relative to the drinking-water supply of Philadelphia been taken sufficiently early, the number of cases of typhoid that have occurred in Philadelphia during the past three months could have been greatly lessened.

This patient has been kept in bed continuously, and will be until the temperature will have been normal for one week. The back, hips, and heels have been bathed frequently with a mixture composed of alum and salt in dilute alcohol, to prevent the occurrence of bed-sores, though this is not so essential at the present time as it was before the days of hydrotherapy. Always give your typhoid patients the advantage of a large, well-ventilated apartment, with a sunny exposure if possible, and the best bed the home affords.

The mouth and throat of the patient should receive scrupulous attention, so as to obviate such complications as parotitis, aphthous stomatitis, thrush, and even broncho-pneumonia. You will find a 3-percent. solution of boric acid (to which should be added a little glycerin) to be an excellent mouth-wash, and it should be employed several times a day. The same solution may be sprayed over the fauces *ter in die.*

The nourishment has been entirely liquid, but highly nutritious: consisting of 6 ounces of milk every two hours during the day, and occasionally during the night when the patient has wakened; and the nurse was instructed not to disturb him for the sake of feeding, since this is not necessary in cases of average severity. Three pints of milk have been taken daily in this way, and well digested, as shown by the absence of curds and oil-globules from the fæces. Solid articles of food will not be allowed until the temperature remains normal for one week, and then the return to the usual mixed dietary will be effected in a slow and gradual manner.

Hydrotherapy was employed, the cold baths being repeated at intervals of six hours during the day. In severe cases more than three baths daily (the number employed in this case) may become necessary, but not in mild forms of the affection.

Remarks on the Peculiarities Manifested by the Present Epidemic of Typhoid Fever.—There is at present prevailing an extensive epidemic of typhoid fever in Philadelphia; to pause here and note some of its principal clinical peculiarities may prove interesting as well as helpful in your future observations of similar epidemic visitations. In the first place, the cause of the epidemic is (as is usual) most probably a polluted or contaminated drinking-water supply, though any improvement in the sanitary arrangements of the city in general, and particularly a betterment of the drainage, and a more thorough system of street cleaning would tend to lessen its extent and

Digitized by Google

severity. The source of supply should be purified by means of sand-filtration: a method that has been employed in various cities abroad and at home for variable periods of time, with uniformly good results.

The present epidemic is conspicuous for the large number of anomalous cases met, and I do not doubt that the diagnosis of typhoid fever is constantly being made when a closer and more thorough clinical investigation would lead to a different conclusion. For example, I recall a couple of instances in which the diagnosis of typhoid had been made, but on testing the blood repeatedly for the Widal reaction, it was not obtainable. A number of instances have fallen under my own observation, also, in which a certain diagnosis could not be made on the symptoms and course of the affection, but rested solely upon the presence of the Widal blood-reaction.

Numerous cases are of a light type with a scanty development of the more characteristic symptoms, and this is particularly true of the characteristic eruption which has been absent in five out of forty cases seen by myself up to this date. The true nature of these rudimentary forms, however, may be inferred with reasonable assurance of correctness from their etiological connection with other cases during the prevalence of a wide-spread epidemic such as Philadelphia is passing through at the present time; yet it is well to set the diagnosis at rest by resorting to the blood-examination after the method of Widal.

In a relatively-larger percentage of cases than is usual, the onset has been rather abrupt, and marked particularly by severe, aching pains in the back and also extremities, suggesting influenza. Such cases have also lacked the characteristic fever-curve of the first stage of typhoid fever.

Among complications, melæna has not been of greater than the average frequency, but has, in some cases been unusually severe, and, in two instances that have fallen under my own observation, it caused speedy death. One of these fatal instances was particularly sad: it occurred in a young physician who, for a number of years, had been connected with the out-patient department of the Medico-Chirurgical Hospital; I refer to Dr. John P. Hillegas. The disease had apparently begun to decline, the temperature having fallen to a point near the normal level, when suddenly—and with remarkable rapidity—more than a quart of blood passed per rectum within an hour, followed by profound collapse and death about two hours later. Doubtless the immediate cause of the fatal termination was shock. In another case a hæmorrhage also appeared during convalescence, and, although not copious, was often repeated and troublesome.

Although this complication is usually of grave significance, it is not so invariably. Thus, in two cases I have recently met—one in the Medico-Chirurgical Hospital and another in private practice—a most favorable effect was produced upon the nervous symptoms and fever-curve by the occurrence of hæmorrhage, and convalescence set in almost immediately.

Another frequent, late complication has been venous thrombosis, which has occurred in 6 out of a totality of 40 cases that I have seen during the present epidemic. In every instance the left femoral, its favorite seat, was involved; in 1 the condition was double (the right femoral becoming implicated after the left had undergone considerable improvement), but the condition was of mild grade in the right leg. This complication is not, as a rule, of serious import, and, as was expected, all yielded to simple measures of treatment.

According to Murchison, this complication appears in 1 per cent. of the cases; but, as stated before, I have noted it (in the present epidemic) in 6 out of an aggregate of 40 instances.

It is well known that the frequency of relapses is not the same for all epidemics, and during the present season of unusual prevalence, the percentage, it seems to me, must be above that of the average year. Thus, in my experience a relapse occurred in 12½ per cent. of the cases, or in 5 out

Digitized by Google

of the 40 cases thus far observed. The mortality-list in the present epidemic has been, comparatively speaking, small.

ENDOMETRITIS.[1]

By W. Easterly Ashton, M.D.,
Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia.

Gentlemen: The patient I bring before you this morning presented herself at the dispensary for diseases of women with the following history:—

Mrs. H. M. W., aged 24. She has been married four years, but has never been pregnant. For the past six years she has suffered with a leucorrhœal discharge, profuse in amount and opaque in color. There is a feeling of pain and weakness in the lumbo-sacral region, accompanied with a bearing-down sensation in the pelvis. The bowels are constipated and there is a feeling of pressure upon the upper part of the rectum. During the last three or four years menstruation, which had previously been normal, began to be more or less profuse, and at the present time the flow continues for seven or eight days. The appetite and digestion are poor, and she is more or less nervous and irritable.

Introducing the index finger into the vagina and with the free hand making pressure upon the abdominal wall above the pubes, I am able to make a thorough examination of the uterine appendages, which are found to be normal. The uterus, however, is retrodisplaced, and the fundus can be felt in the posterior *cul-de-sac*, resting upon the rectum. Exposing the cervix through the speculum, those of you who are near will notice that it is slightly enlarged and the os is patulous; the altered uterine secretions are seen oozing from the cervical opening.

Taking into consideration the evidence offered by the subjective and objective symptoms in this patient, our diagnosis is a retrodisplacement of the uterus complicated with endometritis. We have, therefore, two conditions to deal with: first, the displacement, which is the primary disease; and, second, the endometritis, which is a secondary result.

Endometritis is the term applied to an inflammation of the uterine mucous membrane. In the light of modern investigations of the pathology of pelvic disease, endometritis becomes at once a subject of vital importance, as it is the starting-point, in the majority of instances, of all inflammatory conditions affecting the pelvic organs. With a knowledge of this fact before you. you will not only be better able to appreciate the necessity for holding clear and definite ideas upon the causes of this disease and its results, but you will also keep in mind the urgency, in some of its varieties, for prompt and radical treatment. In dealing with endometritis we must forget the teaching of the past and remember only the lessons taught us through the advances made by a study of the pathology of pelvic diseases.

Inflammation of the endometrium may be conveniently divided into four varieties: the congestive, the constitutional, the septic, and the gonorrhœal. The first two of these varieties are usually spoken of under the term of "simple endometritis," and they are the least dangerous forms of the disease, as they seldom cause pelvic complications unless improper treatment is employed for their relief. The septic and gonorrhœal varieties are dangerous to life, or, if they do not end fatallv. the health and future usefulness of the patient are, in many cases, sacrificed.

In studying the etiology of endometritis we find that it is the result of micro-organisms infecting the mucous lining of the uterus. In the septic and gonorrhœal forms this infection is the direct cause, or primary condition, while, in the congestive and constitutional varieties, the inflammation, which is also due to the development of germs, is secondary to an exciting cause. To make this clear, let me call your attention to the fact that normally the uterine cavity and cervical canal contain micro-organisms, but it is only through the re-

[1] A clinical lecture delivered at the Medico-Chirurgical Hospital.

Digitized by Google

sults of an exciting cause that the germs develop and produce disease. Remembering that endometritis is always caused by the development of micro-organisms, but that the germs are the secondary, and not the primary, condition in the simple forms, we are in a position to appreciate the pathology of the disease.

The exciting causes of the congestive form are: displacements of the uterus, cold, narrowing of the cervical canal, subinvolution of the uterus, lacerations of the cervix, the exanthemata, constipation, sexual excess, and pelvic tumors and adhesions. The result of any of these conditions is pelvic congestion, and following this the uterine secretions become more profuse, thus forming a favorable soil for the development of the micro-organisms which are normally present.

The constitutional variety of endometritis occurs in scrofulous and anæmic women, and also in patients suffering with phthisis. In these cases the endometritis begins as a simple hypersecretion of the glands of the uterus, thus producing a culture-medium for the development of the micro-organisms.

The causes of septic endometritis are: sepsis following labor or abortion, sloughing polypi, malignant degenerations of the uterine mucous membrane, and the use of dirty instruments or their improper application in the diagnosis and treatment of intra-uterine disease. The common practice among physicians, of making applications to the interior of the uterus in their offices, and the use of the uterine sound are dangerous both to the health and life of their patients, as septic endometritis is likely to follow. A safe rule to follow is never enter the uterine cavity or the cervical canal unless it be done under an anæsthetic and with strict operative asepsis.

The gonorrhœal or specific variety of endometritis is due to the gonococcus of Neisser. This form of the disease is especially dangerous to life on account of the rapidity with which the specific inflammation spreads to the pelvic structures.

The symptoms of endometritis depend upon the form of the disease and the cause which produces it. In the simple varieties the inflammation, in the majority of instances, comes on slowly and is chronic in character. The subjective symptoms are caused, as a rule, by the various conditions producing the disease. Thus, uterine displacements, lacerations of the cervix, pelvic tumors, adhesions, etc., are responsible for the symptoms, and not the endometritis, which is a secondary condition. On the other hand, the profuse uterine discharge, the digestive symptoms, and the tendency to sterility and abortion are due to the inflammation of the endometrium.

In the gonorrhœal and septic forms the inflammation begins acutely and there are present constitutional symptoms, as indicated by a chill, elevated temperature, and increased pulse-rate. If the disease extends to the pelvic organs, there are also present the evidences of local or general peritonitis.

The physical signs in chronic cases of endometritis are practically the same in all forms of the disease. With the speculum we see the characteristic discharge issuing from the os uteri. The uterus is not, as a rule, tender to the touch, nor is it enlarged, unless the disease is associated with a metritis or the uterus is occupied by a growth. If the pelvic organs have become infected, an examination of these structures will reveal their condition. Again, the uterus may be found displaced or the cervix lacerated; but these, as well as other conditions, are complications or causes, not the disease itself.

In acute inflammations of the endometrium the uterus is enlarged and tender to the touch, the secretions are profuse and the cervix swelled and congested. These conditions are not only present in the septic and gonorrhœal forms, but also in the congestive variety if the disease be sudden in its outset.

The prognosis of endometritis depends upon, first, its cause, and, second, as to whether or not the disease has extended to the pelvic organs.

The gonorrhœal and septic forms are

Digitized by Google

actively dangerous to life. While the other varieties seldom, of themselves, tend toward a fatal issue, again, the prognosis is influenced, in some cases, by the promptness and thoroughness with which local treatment is instituted. Of course, in the constitutional variety we cannot hope to materially influence the disease while the cause is actively present. In a general way, we may safely state that there is no tendency toward a cure in cases of chronic endometritis, and that the simple forms are not, of themselves, necessarily dangerous to life; on the other hand, the septic and gonorrhœal varieties frequently result in death or produce chronic invalids.

The treatment of endometritis is directed, first, to the cause, and, second, to the removal of the results of the inflammation upon the uterine mucous membrane. In the constitutional varieties of the disease we must not lose sight of the fact that the general condition of the patient is primarily responsible for the pathological changes taking place within the cavity of the uterus. Hence our first effort must be to correct those vices of the constitution to which I have referred in discussing the etiology of the disease. After the patient's health has been restored, if the uterine secretions still continue profuse, it indicates that the micro-organisms have infected the deepest structures of the mucous membrane, and hence the local inflammatory condition can only be relieved by direct treatment to the endometrium. Again, these principles of treatment hold good in the congestive forms of the disease when the outset is sudden; as, for example, exposure to cold and the like. Here the acute congestion increases the uterine secretion, thus favoring the rapid development of germs. If the congestion is relieved by treatment, no damage is done and the inflammation subsides. Should the congestion become permanent, the inflammation assumes a chronic condition, and we must restore the status of the pelvic circulation before directing our attention to the local uterine disease.

In cases of endometritis congestive in form and coming on slowly and running a chronic course, there is always a definite cause to be found. For example, if the uterine congestion is due to a retrodisplacement of the uterus, or to a pelvic tumor, the indication is to remove the cause, and, at the same time or subsequently, treat the local disease within the cavity of the uterus.

In the septic and gonorrhœal varieties the disease begins acutely as a primary local condition. We must at once, therefore, direct the treatment to the endometrium and by thus removing the cause we, at the same time, cure the disease.

The local treatment of endometritis is of great importance, and you must have clear and well-defined ideas upon the subject, if you hope to cure your patients. You will recall what I have told you in reference to the danger and uselessness of routine intra-uterine medication. This method of treatment is dangerous, because it cannot be carried out under strict aseptic precautions, and it is useless in chronic cases, because the deeper structures of the mucous membrane are infected and we are unable to exert any influence by application made to the surface of the endometrium. Therefore to cure the disease we must remove the infected tissues, and this is best accomplished with the curette.

The operation of curetting the uterus consists in (1) dilatation of the uterus with the heavy dilators of Goodell; (2) thorough removal of the endometrium with a sharp curette; (3) flushing the uterine cavity with a 1 to 2000 solution of corrosive sublimate.

Curetting of the uterus should never be performed if an inflammation exists in the ovaries, tubes, or peritoneum. In all cases a careful examination of the pelvic organs should be made before undertaking the operation.

Before dismissing you I will refer, for a moment, to some special points in the treatment of acute septic and gonorrhœal endometritis. Grave pelvic complications can only be prevented in the gonorrhœal form by prompt and effective treatment. If, therefore, during the course of a specific in-

Digitized by Google

flammation in the female the uterine cavity becomes infected, you must dilate and curette the uterus at once. In septic cases following labor or abortion the same rule applies, and no time should be wasted in trying first the effects of intra-uterine irrigation.

2011 WALNUT STREET.

Original Communications.

ANIMAL EXTRACTS.

BY ISAAC OTT, M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

DRIED BRAIN.

REFLEXES.

IT had a slight lowering effect upon the reflexes, even when the whole brain was cut off. It did not cause any changes in the nerve-muscle preparation.

EXPERIMENT 54. Frog; cerebrum ablated.

Time, A.M		
11.20		17
11.21	inj. of 1 gr. of brain powder	
11.25		13
11.30		13
11.35		18
11.40		12
11.45		11
11.50		18

EXPERIMENT 55. Frog; brain cut off.

Time, P.M.		
2.38		9
2.39	inj. of 1 gr. of brain powder	
2.44		11
2.49		8
2.54		9
2.59		8
3.04		9

CIRCULATION.

The brain reduces the heart's frequency and the arterial tension (Fig. 5).

Section of the vagi or atropine does not prevent the fall of pulse-rate.

Section of the spinal cord does not prevent the lowering of arterial tension.

EXPERIMENT 56. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
3.00.45		51	98
3.01.45		51	88
3.02.00	inj. of $^1/_2$ gr. of brain	49	90
3.02.15		51	110
3.03.00		55	100
3.04.00		55	86
3.05.45		52	82
3.06.00	inj. of $^1/_2$ gr. of brain	52	82
3.06.15		50	98
3.07.00		51	84
3.08.00		51	76
3.09.00		51	76
3.10.00		50	80
3.11.00		49	100
3.16.45		52	82
3.17.00	inj. of $^1/_2$ gr. of brain	50	92
3.18.00		51	88
3.19.00		52	80
3.20.00		54	66
3.21.00		52	62
3.22.00		60	

EXPERIMENT 57. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
5.00.45		66	114
5.01.00	inj. of $^1/_2$ gr. of brain	64	96
5.01.45		67	100
5.02.00	inj. of $^1/_2$ gr. of brain	64	88
5.02.45		64	88
5.03.00	inj. of $^1/_2$ gr. of brain	62	80
5.04.00		58	80
5.05.45		61	90
5.06.45		59	90
5.07.00	inj. of $^1/_2$ gr. of brain	61	82
5.08.00		62	94
5.09.00		62	90
5.11.00		59	82
5.12.00		60	80
5.13.00		60	82
5.14.00		59	80
5.15.00		59	82

Digitized by Google

5.16.00		60	80	5.08.45		62	72
5.17.00		60	84	5.09.00	inj. of $^1/_2$ gr. of brain	58	58
5.19.00		57	92				
5.20.00		57	93	5.10.00		59	64
5.21.00		59	92	5.11.00		61	64
5.22.00		58	90	5.12.00		63	68
5.23.00		60	90	5.13.00		64	72
5.24.00		60	90	5.14.45		58	72
5.25.00		59	90	5.15.00	inj. of $^1/_2$ gr. of brain	59	52
5.26.00		58	93				
5.27.00		57	91	5.16.00		58	60
5.28.00		58	90	5.17.00		58	62
5.29.00		58	91	5.18.00		62	64
5.30.00		59	92	5.20.00		58	64
5.31.00		57	94	5.21.00		56	64
5.32.00		62	96	5.22.00		56	66

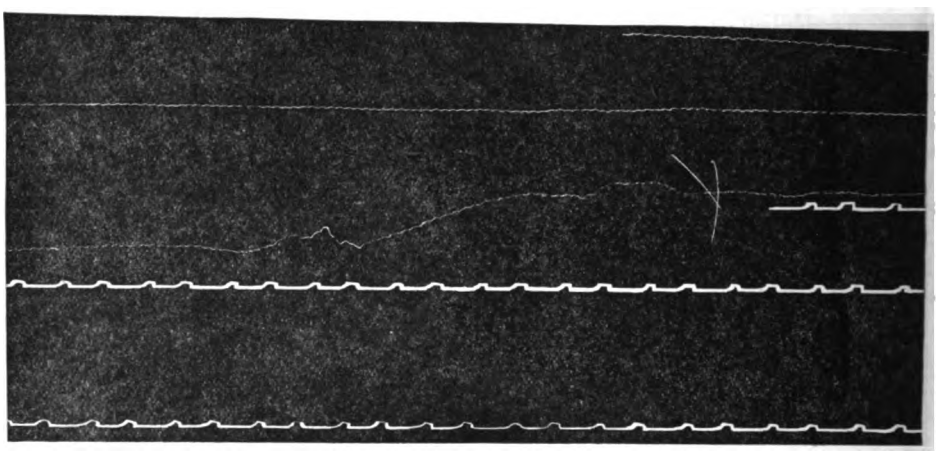


Fig. 5.—Circulatory effect of $\frac{1}{2}$ grain of dried brain per jugular. Star denotes point of injection.

EXPERIMENT 58. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
5.00.00		72	110
5.00.15	inj. of $^1/_2$ gr. of brain	68	84
5.01.30		68	84
5.01.45	inj. of $^1/_2$ gr. of brain	67	76
5.02.45		65	74
5.03.00	inj. of $^1/_2$ gr. of brain	63	65
5.04.00		66	68
5.05.00		68	68
5.06.00		69	70
5.07.00		73	70

EXPERIMENT 59. Rabbit; etherized; jugular prepared; vagi cut.

Time, P.M.		Pulse.	Pressure.
5.00.45		73	118
5.01.00	inj. of $^1/_2$ gr. of brain	70	125-114
5.02.00		71	114
5.03.00		69	112
5.04.00		67	108
5.04.15	inj. of $^1/_2$ gr. of brain	68	120-106
5.05.00		67	105
5.06.00		66	104
5.07.00		66	104
5.08.45		68	108

Digitized by Google

5.09.00	inj. of $^1/_2$ gr. of brain	65	108-120
5.10.00		66	108
5.11.00		66	106
5.12.00		67	107
5.13.00		64	108
5.14.00		64	110
5.15.00		67	110
5.16.00		67	112
5.18.00		65	116
5.19.00		67	114-120
5.20.00		67	114

Time, P.M.		Pulse.	Pressure.
4.00.00	inj. of atropine		
4.03.45		82	102
4.04.00	inj. of $^1/_2$ gr. of brain	76	106
4.05.00		80	88
4.05.45		76	94
4.06.00	inj. of $^1/_2$ gr. of brain	74	100
4.07.00		67	83
4.08.45		77	92

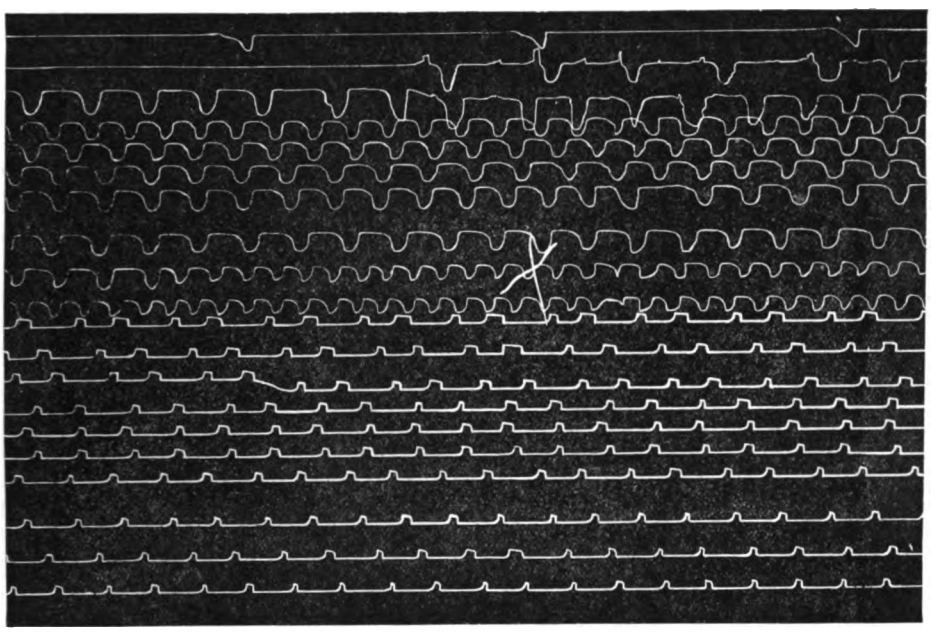


Fig. 6.—Slowing of respiration after injection of $\frac{1}{2}$ grain of brain. The vagi were previously divided.

5.21.00		66	117
5.21.15	inj. of $^1/_2$ gr. of brain	65	128-140
5.22.00		63	124
5.23.00		62	120
5.24.00		62	114
5.25.00		63	112
5.26.00		62	113
5.27.00		63	115

EXPERIMENT 60. Rabbit; etherized; jugular prepared; preliminary injection of atropine.

4.09.00	inj. of $^1/_2$ gr. of brain	72	96
4.10.00		69	100
4.11.00		74	94
4.11.45		72	98
4.12.00	inj. of $^1/_2$ gr. of brain	70	100
4.13.00		75	105
4.14.00		76	110
4.15.00		74	106
4.20.00		62	
4.21.00		64	

Digitized by Google

4.22.00		56	
4.23.00		51	100
4.24.00		28	80
4.30.00		68	94
4.31.00		67	
4.32.00		64	

EXPERIMENT 61. Rabbit; etherized; jugular prepared; cord and vagi cut. Cord cut between occiput and atlas; verified post-mortem.

Time, P.M.		Pulse.	Pressure.
5.00.45		57	46
5.01.00	inj. of $^1/_2$ gr. of brain	60	52
5.02.00		68	48
5.02.45		72	40
5.03.00	inj. of $^1/_2$ gr. of brain	65	38
5.04.00		49	32
5.05.00		35	28

RESPIRATION.

It decreases the rate of the respiration. This decrease appears after section of the vagi, as in Fig. 6; hence the brain filtrate decreases the rapidity of the respiration by an action on the centre of respiration.

EXPERIMENT 62. Rabbit; etherized; jugular prepared; tracheotomy.

Time, P.M.		Respiration.
2.00.00		83
2.00.15	inj. of $^1/_2$ gr. of brain	77
2.01.00		83
2.02.00		88
2.02.15	inj. of $^1/_2$ gr. of brain	76
2.04.00		75
2.05.00		80
2.05.15	inj. of $^1/_2$ gr. of brain	75
2.06.00		76
2.09.00		78
2.09.15	inj. of $^1/_2$ gr. of brain	60
2.10.00		75
2.14.00		64
2.15.00		66
2.16.00		53
2.17.00		68
2.21.00		71
2.22.00		70
2.22.15	inj. of $^1/_2$ gr. of brain	59
2.23.00		69
2.23.15	inj. of $^1/_2$ gr. of brain	63

EXPERIMENT 63. Rabbit; etherized; jugular prepared; tracheotomy.

Time, P.M.		Respiration.
4.03.00		32
4.03.15	inj. of $^1/_2$ gr. of brain	37
4.04.00		33
4.07.00		33
4.08.00		33
4.09.00		28
4.14.00		36
4.15.00		35
4.15.15	inj. of $^1/_2$ gr. of brain	35
4.15.30		31
4.16.00		26
4.20.00		21
4.21.00		24
4.21.15	inj. of $^1/_2$ gr. of brain	30
4.22.00		27

EXPERIMENT 64. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A.M		Respiration.
11.01.00		37
11.01.15	inj. of $^1/_2$ gr. of brain	34
11.02.00		38
11.03.00		30
11.04.00		30
11.04.15	inj. of $^1/_2$ gr. of brain	31
11.05.00		35
11.06.00		30
11.07.00		25
11.07.15	inj. of $^1/_2$ gr. of brain	26
11.08.00		27
11.09.00		25
11.10.00		25
11.11.00		18
11.12.00		15

EXPERIMENT 65. Rabbit; etherized; jugular prepared; tracheotomy.

Time, A.M.		Respiration.
10.30.45		42
10.31.00	inj. of $^1/_2$ gr. of brain	43
10.32.00		57
10.33.00		61
10.33.15	inj. of $^1/_2$ gr. of brain	60
10.34.00		56
10.40.00		79
10.40.15		77
10.41.00		75
10.42.00		70
10.43.00		74

Digitized by Google

10.43.15	inj. of $^1/_2$ gr. of brain	83
10.44.00		76
10.49.45		55
10.50.00	inj. of $^1/_2$ gr. of brain	62
10.51.00		51
10.52.00		50
10.52.45		52
10.53.00	inj. of $^1/_2$ gr. of brain	63
10.54.00		51
10.55.00		46
10.56.00		46
10.56.15	inj. of $^1/_2$ gr. of brain	53
10.57.00		46

EXPERIMENT 66. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, P.M.		Respiration.
2.00.00		46
2.01.00		42
2.01.15	inj. of $^1/_2$ gr. of brain	28
2.02.00		26
2.03.00		28
2.04.00		38
2.05.00		43
2.06.00		40
2.06.15	inj. of $^1/_2$ gr. of brain	28
2.07.00		37
2.08.00		39
2.09.00		39
2.11.00		38
2.11.15	inj. of $^1/_2$ gr. of brain	27
2.11.30		16
2.12.00		20
2.13.00		28
2.14.00		29
2.15.00		30
2.15.15	inj. of $^1/_2$ gr. of brain	26
2.16.00		22
2.17.00		21
2.21.00		22
2.22.00		23
2.22.15	inj. of $^1/_2$ gr. of brain	22
2.22.30		21
2.23.00		15
2.24.00		12
2.25.00		14
2.26.00		16
2.27.00		19
2.27.15	inj. of $^1/_2$ gr. of brain	21
2.27.30		18
2.27.45		12
2.28.00		11
2.29.00	dead	11

Death due to arrest of respiration; heart beating feebly.

EXPERIMENT 67. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, A.M.		Respiration.
10.03.00		52
10.03.15	inj. of $^1/_2$ gr. of brain	45
10.03.30		48
10.04.00		50
10.04.15	inj. of $^1/_2$ gr. of brain	45
10.05.00		50
10.07.00		50
10.07.15	inj. of $^1/_2$ gr. of brain	47
10.08.00		54
10.09.00		54
10.09.15	inj. of $^1/_2$ gr. of brain	48
10.11.00		55
10.12.00		55
10.12.15	inj. of $^1/_2$ gr. of brain	49
10.14.00		53
10.15.00		53
10.20.00		40
10.20.15	inj. of $^1/_2$ gr. of brain	36
10.21.00		38
10.22.00		38
10.23.00		39
10.23.15	inj. of $^1/_2$ gr. of brain	37
10.24.00		39
10.25.00		40
10.26.00		39
10.27.00		42
10.27.15		38
10.28.00		40

TEMPERATURE.

There is a slight increase after a subcutaneous injection, but the increase is hardly beyond the normal variation.

EXPERIMENT 68. Rabbit; drug administered subcutaneously.

Time, A.M.		Temperature.
9.05		102.0°
9.10		102.0°
9.15	inj. of 1 gr. of brain	
9.20		102.4°
9.25		102.7°
9.30	inj. of 1 gr. of brain	
9.35		102.9°
9.43		103.1°
9.51		103.0°

Digitized by Google

9.55	inj. of 1 gr. of brain	
10.00		103.2°
10.09		102.9°
10.18		102.9°

(To be continued.)

THE TREATMENT OF PULMONARY TUBERCULOSIS.

By William F. Waugh, A.M., M.D.,

Professor of Practice in the Illinois Medical College: the Chicago Summer School of Medicine.

It is questionable if any disease that affects mankind is as well worth studying as tuberculosis. It is the most fatal of all maladies, the most widely disseminated, and, I may add, one in which the physician can best display his skill in the science and art of medical practice. There is a wide variety in the symptoms and in the types of the attacks. Pulmonary tuberculosis may progress with irregularity for many years or it may prove fatal in four days. I shall, however, confine myself, at present, to some remarks upon the treatment.

With the public there exists a totally mistaken conception of what can be accomplished by climate. It is generally believed that there is something specific in the air of some localities: the air is too rare or too dense, too dry, too hot or too cold, or too pure for the tubercle bacillus to thrive. So patients have been sent to Asheville, Florida, Texas, California, Arizona, Colorado, Minnesota, to oceanic islands in the tropics, to the Mammoth Cave; in fact, the whole world has been ransacked for locations in which the bacillus will die and the patient live.

The history of these resorts is strikingly uniform. The first reports are enthusiastic, the next glowing, then, in succession, confident, comparative, questionable, defensive, apologetic, and finally every claim for them is acknowledged to be baseless.

And yet these reports are all, in the main, true. When the first consumptive goes to any climate that suits his case, where the pure air invigorates him or where he is able to spend much time out of the house, he improves. Hope does much; the fact that he breathes an atmosphere uncontaminated by emanations from any other case does more, and he recovers. Of those who follow him, it may be said that the more favorable subjects recover, the doomed ones die; and, as the place becomes more known and popular, the latter predominate, and the death-rate mounts. Meanwhile, each new-comer assists in polluting the place with his bacilli-laden sputa, and in time it becomes a very hotbed of tuberculosis, more deadly than the localities from which the patients originally came.

From the Atlantic coast westward there has been a steady march of the "one-lungers," and a steady recession of the line at which tuberculosis did not exist. First it was said that tubercle was unknown in the Alleghenies; next, that it did not exist in the Mississippi Valley; then the prairies were the goal, and finally the mountains were scaled, for the bacilli grew scarcer as the sea-level became more remote. In all these perfectly true observations no one seemed to remark that, where the bacillus was scarce, population was scarcer; and, as the country filled up with inhabitants, pulmonary consumption increased in frequency.

The pure, cold air of Minnesota or of the Rockies will cure some cases to whom it is well suited and kill the rest; the damp, heavy air of the tropical shores will prolong the life of some and hasten the death of others. But, apart from the invigorating effect upon the general system and the relief of certain symptoms, such as cough, the only good effect that can legitimately be expected from any climate is the avoidance of reinfection by breathing air charged with tubercle bacilli, streptococci, and other micro-organisms. Beyond this there is nothing specific in any climate, nothing directly germicidal, even in the aromatic emanations from the pines of the Carolinas. In fact, unless in certain exceptional conditions, the tuberculous patient will do better at home, under skilled treatment, than he will in any other locality.

Digitized by Google

When Dixon first announced that from the tubercle bacillus was obtained a derivative that antagonized that bacillus, the statement was received with incredulity. Dixon was a comparatively unknown man; and the thing seemed incredible, because tuberculosis is not a self-limited affection, nor is it self-protective. The infant born of a consumptive mother, so far from being proof against the disease, is almost certain to be affected by it. But when a year later the same claim was made by Koch, the world forgot its common-sense and went crazy over the matter.

Now that the reaction has come, we may ask: How can any tubercle-derivative prepared outside of the body do more than it does when produced in the natural way in the body? However, this question need not be answered, if the more important one is settled: Does it really work the asserted cure?

We may say here that when a claim is made in behalf of any curative agent, which claim is not in accord with the prevailing views, so that it partakes of the miraculous or at least is of a revolutionary nature, the proof must be far more conclusive than when the hypothesis harmonizes with previous observations. The autoprotective power of tubercle-derivatives being directly antagonistic to the known phenomena of the disease, we have a right to demand crucial proof. And that proof has not yet been submitted. Dixon's remarkable results in treating tuberculized animals with tuberculin stand as yet unsupported by any conclusive collateral evidence.

When we turn to consider the claims of nuclein, however, we find a different condition. The famous observations of Metschnikoff gave to the world the amazing intelligence of the phagocytic action of the white blood-corpuscles. These amœboid bodies—or creatures—attack and devour intruding bacilli and other things that have no business to be in the blood or tissues. It seems obvious that, the greater the number and vigor of these leucocytes, the better will they be able to cope with an invasion of pathogenic micro-organisms. Vaughan, already famous for his discovery of tyrotoxicon, has followed with the announcement that nucleinic acid, when introduced into the human body, increases the number and activity of the leucocytes; and this statement has been amply confirmed by other competent observers.

We seem to be here approaching one of the underlying principles of physiological therapeutics. Given a body for whose ordinary needs the supply of leucocytes is ample, but with no surplus for reserve; into this body there enters from without an invading swarm of billions of tubercle bacilli. The leucocytes rush to meet the foe; but their numbers are insufficient, and, at the points from which the defenders have been withdrawn, the pathogenic bacteria always present, especially in the alimentary canal, swarm over the battlements and effect lodgments in the tissues. Hence every assault by the tubercle bacillus is followed by infection with other micro-organisms, the streptococci being the most disastrous in their effects; and the subsequent history of the case is one of the mixed effects of the various forms of bacteria present.

Nuclein, therefore, is the only directly specific remedy whose use is clearly indicated on physiological grounds, as nuclein alone has been shown to increase the number and vigor of the leucocytes. I place nuclein at the head of the list of remedies for tuberculosis, and administer it in doses of 7 to 10 drops of nuclein once a day, hypodermically. Others advise the daily dose to be divided, preferring the continuous effect of small quantities; but in practice I prefer to have my patient come to me daily, when I myself administer the remedy, insuring the regularity of medication and judging of the dose required, as well as of the accessory treatment. Let me say that the daily visit to the doctor is by no means without its influence for good, besides that of the remedies dispensed.

Chief among the accessory measures is the securing of intestinal antisepsis. Before commending the use of nuclein I had

Digitized by Google

noted that the use of the intestinal antiseptics had, as in all febrile affections, the invariable effect of reducing the temperature a degree or more. In addition I found that by this means we secured that most desirable benefit: the total absence of all gastric and intestinal symptoms, such as diarrhœa, indigestion, dyspepsia, anorexia, nausea, flatulence, intestinal decomposition with autotoxæmia, headache, debility, mental depression, etc. In two years treatment of one very difficult case there has been not one day of stomach or bowel disorder while taking the antiseptic medication. The basis of this is the sulphocarbolate of calcium, 40 grains daily, with from 5 to 15 grains of iodoform.

To this is added such other medication as the case demands. I shall not go into detail concerning this, merely mentioning atropine for night-sweats; aconitine, digitaline, and strychnine arseniate (the so-called "Dosimetric Trinity") for fever; steaming with sulphur-fumes followed by vinegar-vapor for cough; calcium lactophosphate as a "tissue-builder"; the inhalation of compressed air and other forms of pulmonary gymnastics; and last, but not least, the most minute regulation of the clothing, food, exercise, bathing, and other topics relating to the personal hygiene, which differ too much in particular instances to admit of detailed description.

I must, however, speak a word of warning as to the avoidance of fatigue. By fatigue the bodily powers are weakened and the door is opened for an extension of the bacillar invasion. Exercise is necessary, but fatigue must be eschewed.

The results are more favorable than I dared hope for when I began to elaborate this treatment. When sufficient time has elapsed to show the permanency of my cures, I shall present them in detail. At present I will confine myself to recommending a full trial of the methods here described, with confidence that the result will be satisfactory. My latest report is as follows: Two months ago the tubercle bacilli averaged 40 to each slide examined; a month later they averaged 8; now there were but 4 found on any slide and, on many, none were present; the bacilli show signs of degeneration.

103 State Street.

EYE-STRAIN: SYMPTOMS AND TREATMENT BY GLASSES.

By Aaron Howell, M.D.,

Camden, N. J.

The object of this paper is to bring to notice a few cases of eye-strain, the symptoms usually connected therewith, and the result of treatment by glasses properly fitted.

Symptoms.—Pain in the temples, pain in the back of the head and neck, red eyelids, and inability to see at a great distance or to read long at a time. The eyes become tired and vision blurred; there is strabismus or cast in the eye and a tendency to avoid light. The eyes are partly closed; there are twitchings of the lid; sick headache and dizziness when shopping, riding, or attending places of amusement.

Eye-strain may cause chorea, epilepsy, and other nervous diseases. It brings on neuralgia and headache that medicines fail to cure.

Nearly every condition recited above, if brought about by defective vision or an abnormal state of the ocular muscles, can be relieved by glasses. The fitting of glasses is, at times, a very difficult task, and should be intrusted only to a painstaking physician who thoroughly understands the different defects and diseases of the eye and is skillful with the appliances used for scientific treatment in the selection of proper lenses.

The good that may be expected is shown by the following cases:—

Case I.—Married lady; headache from childhood; unable to attend to her household duties with any degree of comfort; reading or sewing brought on so much distress that she was obliged to give it up. Much of the time the only means of relief was lying in bed with the eyes closed. She had been treated for "sick headache" with little benefit. Upon the advice of a friend,

Digitized by Google

she called to see me. I prescribed glasses for constant use, which gave her so much relief that she says " she does not know what headache is now" and takes pleasure in attending to her home, which she was not able to do before wearing glasses.

Case II.—Girl, aged 12 years, complained of seeing double; had headache; could not attend school on account of her eyes' paining her. When I first saw her she was affected with strabismus; her eye turned in very much; at times the pupil could scarcely be seen. After furnishing her with glasses the headache ceased, the eye assumed the right position, and has so remained for years without an operation.

Case III.—Boy, aged 6 years. When two years old his mother noticed a "cast in his eye," which grew worse with age. Glasses brought the desired effect, without an operation. The "cast" is not now noticed, except when he is ill.

Case IV.—Girl, aged 8 years, had convulsions very frequently, complained of pain in one eye, avoided light, and was irritable, and at times unruly. The ophthalmoscope revealed a high degree of astigmatism. Glasses were given for constant use, the convulsions disappeared for nearly eight months, and her health was much improved, which showed to me that eye-strain was one cause of her trouble.

Case V.—Lady—afflicted with headache; neuralgic pains about the eyes, made worse by riding and shopping—had tears in the eye much of the time. This was a case of astigmatism, and was entirely relieved by glasses; so much so, that a ride of two hundred miles produces no discomfort.

Case VI.—Lady, with red eyelids and distant and blurred vision. Reading caused "headache and sick stomach"; she was "nervous and fidgety." She had been fitted by an optician with two pairs of glasses. One pair she used for seeing at a distance; the other she placed before them for reading. After being correctly tested all the distress disappeared. Now she reads the finest type and has normal distant vision. This is done with one pair of glasses and not by bifocals.

Case VII.—Young man, with very high degree of myopic astigmatism, could not recognize an acquaintance fifteen feet away by sight. The only complaint was his inability to see. After being tested for glasses he accepted a responsible, lucrative position that requires good eye-sight, both day and night, and has filled it for the last eight years to the entire satisfaction of all concerned. This is an interesting case because of the marked improvement in one so highly myopic, and who, without glasses, would be compelled to occupy an inferior position.

111 North Sixth Street.

ARCHÆOLOGY OF THE WEST COAST OF FLORIDA.

By George A. Hewitt, M.D.,
PHILADELPHIA.

The history of Florida is full of romantic and varied interest. The military expeditions and adventurous quests of the first invaders, the fortified settlements, the wars between colonists of different nations, hostilities with the aborigines, the deeds of cruelty and valor, the rise and fall of the buccaneer, constitute a picturesque story crowded with dramatic incident.

According to the scanty records left by the discoverers of this country, the natives had attained to a certain degree of civilization. They seem to have devoted more time and attention to agriculture than the Indians of our Northern States. The chronicles speak of large fields of corn, potatoes, yams, other vegetables, and fruit. They lived in towns carefully located with a view to defense. Some were surrounded by marsh-land and could be approached only by boat or over dangerous causeways. Others were erected upon elevated spots and surrounded by strong palisades.

Scattered through Florida and along its coasts is abundant evidence of the presence, in prehistoric times, of a race differing in customs and, perhaps, in origin from those which were found in the country by its conquerors. These secrets of the past are contained in mounds and keys. They have

Digitized by Google

recently been studied and partially interpreted. The mounds consist of sand-dunes and shell-heaps. Both were used as places of interment. The shell-mounds—at least, in many instances—are no mere indiscriminate collections. They have been carefully arranged according to a strict method. The shells are closely laid in regular layers —convexities fitting into concavities—in such a manner and with so much solidity that they remain as permanent monuments of a hoary antiquity.

With their dead these ancient people buried dishes and vessels of various forms and sizes. From specimens which have been exhumed we are able to make some estimate of the skill which they had attained in the potters' art. Some jars and vases are of comparatively elaborate design and bear decorations which are of assistance in interpreting the mode of life led by the people for whom they were designed.

The mounds of Florida, as well as of Georgia, have been diligently explored by Mr. Clarence B. Moore, who has unearthed a large number and variety of specimens. These have been placed in the Museum of the Academy of Natural Sciences of Philadelphia, and have been minutely described by Mr. Moore in the "Transactions" of the Academy.

Mr. Frank Hamilton Cushing has made an elaborate exploration of the west coast of Florida and has brought to light many important facts. Of one of these mounds, sixty feet in diameter, situated at the edge of Tarpon Springs, at the neck of the Pinellas Peninsula, Mr. Cushing writes: "I therefore surmised that beneath these casual diggings many undisturbed human remains and relics of the objects sacrificed therewith would be found. . . . I at once secured men and began trenching the mound from side to side. Objects of rare interest were speedily found that encouraged a prosecution of the excavations for more than two months. Thus the little mound was explored from border to border. As a result, more than 600 skeletons were encountered and, perhaps, the largest quantity of pottery, stone, and other objects of art ever gathered from a single mound of equal size.

"Some of the vessels were carved, and they were unique and showed plainly, in common with the stamped forms, their descent from carved wooden dishe , such as later were actually found to the southward. Upon one of them was represented the fish-like mask of the fisherman who owned it, and also two seines, symbolizing all the modes of taking fish known to its owner, —that drinking from it he might fare better in his quest for his food of the sea.

"There were bowls, too, and vases, with other strange, mask-like forms, elaborately outlined upon them; one, shapely and tall, with the visage of a god,—for all the world like a Central-American decoration,—and another an exquisite bowl with the grinning highly-conventionalized face of the cougar, or wild-cat, delicately traced upon it among bird-form arabesques not yet excelled for beauty or execution on any other original vessel that I have ever seen."

It is the theory of Mr. Cushing, based upon his explorations of the keys along the gulf-coast that these remains belonged to a people who had first occupied the keys and thence had crossed to the adjacent coast, where they made either a transient or permanent abode.

The keys to which reference is made are of artificial construction, compactly built of shells. Usually a channel bisected each of these artificial islands, leading in and through a water-court, which, probably, with a temple in its centre, formed a fish-preserve, the fish being surrounded and frightened with canoes and driven in with the tide, and retained by fish-gates. The surface of the key is built up for some distance above the water. The dwellings were built upon piles. There is every evidence that the islands supported a dense population. As the dwellers depended largely upon fish for their subsistence, it is surmised that the water-courts served at once as traps and reservoirs. Shoals of fish could be driven into these channels, the entrance barred, and in this manner an ample supply of food could be constantly

Digitized by Google

kept on hand. From relics found by the explorers it is supposed that those who lived upon these keys were an offshoot of the Aztec stock. They appear to have had commercial enterprise and perhaps founded these coast-colonies for purposes of trade. From the keys they could easily pass to the mainland.

These recently-recovered traces of a lost race are of great interest from their relation to intricate questions of American ethnology. The visitor to St. Petersburg has it in his power to examine into this subject for himself at any time. In the neighborhood of that town such keys are in existence. Mr. Joseph Voyle, a resident of the Pinellas Peninsula who has given much attention to these investigations, writes that such islands and ancient works in abundance can be found within a short distance of St. Petersburg and easily accessible. He says: "Bird Key, near Maximo Point, is a sample of the early formative stage of a key. Pine Key, at Passa-Grille is a specimen of the finished home, prepared for cultivation. In both there is the inclosed water-court, with its entrance near deep water. Pine Key is high above tide; Bird Key has only one small part of its ridge above high water, and the plan of the typical formation can be easily traced there. From Bird Key, across the channel on the main-land, at Maximo Point, and for a long distance east and west, are mounds, ridges, and water-courts, and the abundance of pieces of conch-shells appears to verify the report that there was once a conch-faced wall west of the point."

Mr. Voyle adds that other places of the kind exist in the neighborhood.

To those of antiquarian tastes these remains of prehistoric life will constitute another attraction of St. Petersburg and the Pinellas Peninsula. This neighborhood is also rich in geological specimens. At a point on Tampa Bay Professor Heilprin, a few years ago, discovered a variety of fossils, a number of which were previously unknown.

(*To be continued.*)

Abstracts.

Facial Paralysis and Chorea.

At La Salpêtrière, in the service of M. Déjerine, a woman, 27 years of age, who had never before been ill, suffered from facial paralysis and chorea. Six weeks previously she had complained of a slight pain in the left ear. In consequence of a severe vexation a few days before she was attacked by tremors and paralysis of the right side of her face. Examination showed that the paralysis was of peripheral origin. The right eye could not be closed, the face was without expression, and the wrinkles of the affected side were effaced. The movements were distinctly choreic. The patient twisted about upon her chair, balanced her body toward the right and the left, etc. The disorders of sensibility present left no doubt as to the hysterical nature of the chorea. The cause of the paralysis was less evident. M. Déjerine believed the case to be one of infectious paralysis.

The prognosis of the paralysis was not grave, but its cure would require a long time: five or six months of treatment would be required.—La Médecine Moderne.

Disease of the Ear in Acute and Chronic Nephritis.

Dr. J. Morf, of Winterthur, has analyzed fifty-three reported cases, to which he has added three cases under his own observation. Affections of the ear in nephritis are of two varieties:—

1. Those produced by pathological changes of tissues may be an apparent cause of diminution of hearing.

2. These changes are not apparent.

The external ear was attacked only in the case of Stillkraut. The disorders of the ear are: (*a*) inflammatory; (*b*) inflammatory and hæmorrhagic; (*c*) purely hæmorrhagic.

The affections of the labyrinth are probably hæmorrhagic. Those of the middle ear are sometimes marked by hyperplasia and anæmia of the mucous membrane.

Digitized by Google

In cases of suppuration in the middle ear the bony walls of the cavity are often destroyed by caries. The naso-pharynx is occasionally inflamed.

Morf admits the pre-existence, in the tympanum, of pathological germs which become active only when some morbid tissue-changes occur, as in nephritis.

Virulent microbes may also be brought by the blood.

Hæmorrhages are generally very abundant.

Hæmorrhages into the labyrinth have not been found post-mortem. Extravasations of blood into the ear are due to an hæmorrhagic diathesis. In the second group there is no theory which can explain all the cases.

Morf refers to Field's theory of increased arterial tension. In reference to the influence of increased intracranial pressure upon the auditory nerve, however, authors are not in accord. Rosenstein suggests that there may be an œdema of the nerve. The writer reports two analogous cases. Treatment improves the hearing and abolishes buzzing sounds. These noises are always prominent in the night: a fact which is distinctive of this variety. A case of hyperæsthesia of the auditory nerve has been reported by Doumergue.

The ear may be affected in all the stages of nephritis, but is particularly involved after an acute attack. The gravity of the general condition may sometimes be predicated by that of the ear.

Disorders of equilibrium have been observed, but it is not known whether they are due to the aural trouble or to uræmia.

In obscure cases of ear trouble the urine should be examined. According to Neftel, the electrical excitability of the auditory nerve is increased in nephritis.

The prognosis depends upon the character of the nephritis. Suppurative otitis is certainly a serious complication. Diseases of the ear are aggravated by the occurrence of nephritis.

The affections of the second variety may be completely cured. Therapeusis should be addressed both to the nephritis and otitis.—Revue Hebdomadaire de Laryngologie, etc.

Atypical Forms of Acute Articular Rheumatism.

At a meeting of the Medical Club of Vienna Dr. G. Singer said that in 1885 Immermann had drawn attention to atypical forms which he called masked forms of acute polyarthritis. He referred particularly to trifacial neuralgia. There are, however, other atypical manifestations. Rheumatic sciatica is often observed in the absence of every particular symptom. Chorea manifests itself under the same circumstances. It is often associated with typical articular rheumatism and accompanied by affections of the heart and serous membranes. Many varieties of polyneuritis may, in the beginning, be confounded with articular rheumatism, for, like the latter, polyneuritis often follows infectious diseases of the throat, presents similar initial symptoms, and succeeds or complicates rheumatism. Certain muscular atrophies may occur in consequence of complication with polyneuritis. This affection has also been observed consecutive to gonorrhœa and septic pyæmia. From clinical and bacteriological considerations it may be admitted that angina constitutes the first stage of acute articular rheumatism, and represents the first localization of the pathogenic germ. Angina accompanied solely by rheumatic symptoms may be considered as a rudimentary form of acute rheumatism.

The symptoms which, in their totality, constitute the picture of articular rheumatism may display themselves separately or variously combined. Singer designates these cases as "defaced" forms, but they all have a common point of contact in their bacterial origin. Between attacks of typical rheumatism rudimentary forms may be recognized. To the atypical varieties belong cases of myositis accompanied by endocarditis and swelling of joints. Besides labial herpes we may also meet with herpes zoster in rheumatism. The latter occurs

Digitized by Google

only with intercostal neuralgia and should be looked upon as an atypical manifestation of rheumatic infection.

The articular affection represents the dominant, but non-essential, symptom of acute rheumatism, and scarlatina without eruption might be cited as an analogue. The most constant and durable symptom is fever (rheumatic fever), which precedes the advent of the disease and accompanies and survives the attack. It indicates that rheumatic infection of the blood still persists. —La Médecine Moderne.

Erysipelas Complicating Ulcerated Syphilides.

At the Hôpital Saint-Louis Professor Fournier said that among the complications which may occur in ulcerated syphilides there is one which, by many physicians, is regarded as a fortunate occurrence, viz.: erysipelas. In fact, a certain number of cases have shown that erysipelas developing upon an ulcerated gumma has modified the course and severity of the lesion or even produced a cure. This result is undoubted, but it is not the rule. In one series of cases erysipelas caused several deaths. In others gummatous lesions were unmodified, and, finally, in some instances, erysipelas has had a deleterious effect and has been followed by new lesions.—La Médecine Moderne.

Herpetic Keratitis.

At the Hôtel-Dieu M. Panas said that herpetic keratitis generally begins abruptly, and that, among the symptoms of the disease, violent pain in the head is seldom absent. As the best means of relieving the pain M. Panas advised instillation of atropine into the eye in order to produce dilatation of the pupil; at the same time it acts as an anæsthetic. Cocaine should be avoided, as it rather aggravates the condition; it is not an anæsthetic to inflamed, but to uninflamed, eyes. Furthermore, it causes bullous lesions of the cornea.

Atropine alone, however, is not sufficient. Its use should be followed by the application of three leeches to the temple. To be effective, the abstraction of blood should be abundant. The patient should then be confined to a dark room for twenty-four hours. The applications should be made by preference in the afternoon in order to obtain the benefit of the evening's darkness.

Subcutaneous injections of morphine into the temple are also useful in relieving pain. Moist or dry heat often has a good effect. Compresses wrung out of hot water applied to the temple and forehead and covered with gauze are beneficial.

In some cases the suffering is constant. This is because the nerves of the cornea are wounded. There are, in this portion of the eye, numerous plexuses. In extreme cases it will be necessary to resort to surgical treatment and destroy the exposed nervous plexus. The best method is by thermocautery, the ulcerated surface being destroyed down to the stroma of the cornea. This procedure abolishes pain. If cauterization be undesirable, the ulcer may be curetted. This practice, though apparently rude, is excellent and gives very satisfactory results.—La Médecine Moderne.

The Therapeutic Action of Iodothyrin in Goitre.

M. Critchmaroff, in a thesis prepared under the direction of Professor Hougounenq, of Lyons, says that few cases of goitre have been treated by means of iodothyrin. He has studied four cases from the Surgical Clinic of Professor Poncet together with others which have been published. His conclusions are as follow: 1. Iodothyrin has a curative action, which is often rapid, in solid goitres of moderate size, of comparatively recent origin, and in young subjects. 2. In solid goitres of some years' duration its influence was negative.

The effect was the same in unicystic and polycystic goitres. In such cases the only treatment, according to Professor Poncet, is surgical, viz.: enucleation of the cysts. All medical means, by iodothyrin or preparations of iodine, is contra-indicated.

In myxœdema and endemic cretinism

Digitized by Google

thyroid medication has given the best results. Good results are reported by most writers in obesity.

Graves's disease received no benefit. In other diseases treated by this method the results were too indecisive to be regarded with much favor.

The ingestion of iodothyrin increases the daily proportion of urea eliminated. The quantity of nitrogen excreted in the urine exceeds that taken in the food. This excess of excreted nitrogen may be due to destruction of nitrogenous tissues of the body. Iodothyrin, consequently, accelerates the process of disassimilation.

The symptoms excited in the course of treatment by means of iodothyrin are not sensibly different from those observed from excessive ingestion of the thyroid gland. These were headache, vertigo, anorexia, palpitations, insomnia, and tremors. They disappear when the therapeutic agent is suspended. It is impossible to say at the present time exactly what is the mode of action of iodothyrin.—La Tribune Médicale.

Hysterical Blepharospasm.

At a clinic at La Salpêtrière Professor Raymond exhibited a young woman, aged 24 years, who, without premonitory symptoms, had a rather abundant hæmoptysis. This attack produced a great emotional effect, immediately followed by an hysterical seizure. Since that time the manifestations have gradually increased until at present the patient never passes a day without having three or four spasms.

From early observation of an attack the speaker could affirm that the case was one of hysteria and not epilepsy. There was neither paralysis nor anæsthesia of the limbs, but the left eyelid drooped, and when it was raised the left eye could be seen drawn extremely outward. The question then arose whether the patient was the subject of paralysis of the third pair.

Simple examination of the eyebrow furnished an answer to this question. Charcot has pointed out that in paralytic ptosis the patient supplements the insufficiency of the levator palpebræ by contraction of the frontal muscle. This contraction lifts the point of the eyebrow more or less toward the temporal region. If, on the contrary, the fall of the lid be due to spasm of the orbicularis, the point of the brow will be lowered, and this was found to be the fact in the case shown. It was an example of an hysterical woman attacked by blepharospasm of the left side; but the tactile anæsthesia sometimes superadded to the spasm was not present.

The intensity of the spasm, however, associated with seizures obviously hysterical, varied from one day to another to such a degree that the lid sometimes completely covered the eye.—Le Bulletin Médical.

Osseous Atrophy in Hemiplegia of the Adult.

At a meeting of the Biological Society M. Déjerine said: "Atrophy of bone consecutive to hemiplegia in the child is well known, but has not been recognized in the adult. In the child it is rather an arrest of development than an atrophy. I have, however, under my care a woman who was attacked eighteen years ago by right-sided hemiplegia. At that time she was 30 years of age. She was then for a year under the care of Hardy, whose chief of clinic I was, and I remember perfectly that there was no evidence of osseous atrophy. Now, on the contrary, all the bones of the right upper limb, including the clavicle, are shortened and thinned. This condition may be perceived by palpation and may be demonstrated exactly by radiography."—Le Bulletin Médical.

Acute Circumscribed or Nodose Rheumatic Laryngitis.

Dr. Uchermann describes this affection as beginning by small, rather-hard infiltrations, circumscribed, very sensitive, and reddish or bluish red in color. These infiltrations may be unilateral or bilateral. When they are situated in the vicinity or above the cricoarytenoid articulations they cause a pseudo-ankylosis with immobility

Digitized by Google

of the corresponding cord, which may give rise to errors of diagnosis. Many recurrential paralyses of so-called rheumatic origin are nothing else than these periarticular rheumatic inflammations.

These rheumatic infiltrations, often unilateral, are found upon the pillars, veil of the palate, cartilaginous septum of the nose, in the internal ear, and in the middle ears.

The disease might easily be confounded with syphilis. The history and the effect of sodium salicylate will decide the diagnosis. On the contrary, potassium iodide, in such cases, is not a proof of much value. The malady in question differs from œdema of the larynx by the firmer consistence and greater injection of the infiltration.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Acute Gonorrhœa.

Professor Orville Horwitz reports favorable results from the appended formula:—

℞ Methylene-blue, 2 grains.
Oil of sandal-wood, 3 grains.
Oleo-resin of copaiba, 3 grains.
Oil of cinnamon, 1 drop.—M.

Dispense in capsule. One dose.

When this combination was administered, the purulent discharge, together with all inflammatory symptoms, usually disappeared within four or five days. One capsule was given three times daily. — Philadelphia Polyclinic.

Asthma.

In the Medical Summary Dr. R. L. Patterson, of Sturgeon, Pa., states that in the intervals between paroxysms a good combination is

℞ Fld. ext. euphorbia pilulif., ℥ij.
Potassii iodidi, ℥iv.
Liq. potass. arsenici, 96 minims.
Atropine sulph., 1/5 grain.
Strychnine sulph., 4/5 grain.
Syr. acid hydriodic, ad ℥vj.

M. Sig.: Teaspoonful, after meals, for an adult, three times a day.

Chlorosis.

A formula attributed to Casate is

℞ Iron and potassium tartrate,
Solution of potassium arsenite, of each, 1 part.
Distilled water, 3 parts.

M. From 5 to 10 drops, in a little wine, are to be taken with each meal.—New York Medical Journal.

Croupous Tonsillitis.

In the case of adults the writer has in many instances aborted follicular tonsillitis by the following method: Each affected crypt was, in turn, washed out with peroxide of hydrogen, by means of a Blake middle-ear cannula screwed on to an hypodermic syringe. The curved tip of the cannula employed is about one-half inch in length and capable of reaching to the bottom of the follicle. Only a drop or two of the peroxide is injected at one time, but the process is repeated until all of the exudate has disappeared. A fine Allen probe with a few fibres of cotton wrapped about its end is then bent at an appropriate angle and after being dipped into a solution of nitrate, 1 drachm to the ounce, is carried to the bottom of a follicle and the process repeated until each of the affected crypts has received the silver solution. The surface of the tonsil is then painted with the same solution. The treatment is followed immediately by a sense of relief and comfort and the difficulty in swallowing is in a great measure alleviated. The process may be repeated two or three times a day and in successful cases brings about a cure at the end of the second or third day.

In cases of children or in adults, when, as the result of timidity or excessive irritability of the fauces, this method is not applicable, spraying the parts with peroxide of hydrogen and the application of a 60-grain solution of nitrate of silver suffices for the local treatment, and is far superior to the application of more irritating substances, even in cases suspected of being diphtheria. — Editorial by Dr. E. B. Gleason in The Atlantic Medical Weekly.

Digitized by Google

Deodorizing Iodoform.

Dr. Coustan adds another to the list of substances recommended as deodorizers of iodoform. He says that washing with orange-flower water will remove the odor from the person.—Druggists' Circular and Chemical Gazette.

For Difficult Dentition.

℞ Sodii brom., gr. vij.
Aq. flor. aurant.,
Syr. æth., of each, ℥j.
Aq. dest., ℥iv.

M. Sig.: For external application. To be lightly rubbed on the gums of the infant, after nursing, several times daily.—Gaillard's Medical Journal.

Dr. S. Santoire, of the Borough of Brooklyn, sends us the following formula, and says that he has used it with great success for over twenty years in hospital and private practice:—

℞ James's powder,
Calomel, of each, 1 grain.
Sodium bicarbonate, 12 grains.
Dover's powder, 2 grains.
Sugar of milk, 12 grains.

M. Divide into twelve powders. To a child from 6 months to 2 years old a powder may be given every four or five hours, in syrup or in milk and water.—New York Medical Journal.

Influenza in Children.

From an article by Dr. L. Fuerst, of Berlin, in the Medizinal-Zeitung, we extract the following passages:—

"Experience has taught us that during these epidemics more attention must be paid to the catarrhs of the respiratory tract so often complicating this disease, because we are at first unable to decide whether this complication is due to an infectious catarrh or to the beginning stage of influenza. In children nothing has given me such uniform, reliable, and prompt results as salipyrin, whether used in the febrile-prodromal or initial stage of influenza, it being entirely free from any evil after-effects. I attribute an almost specific action to salipyrin in influenza of children. The catarrhs remain moderate, but the unpleasant symptoms—fever, headache, and general malaise—are checked in their incipiency. The progressive tendency of influenza to extend to the bronchi and lungs also disappears.

"To obtain good results, it is of prime importance that salipyrin be given at once and in not too small doses. I generally prescribe for

"Small children (up to 5 years) 0.25 *pro dosi* (4 grains).

"Older children (5 to 10 years) 0.5 *pro dosi* (8 grains).

"Still older children (10 to 14 years) 1.0 *pro dosi* (15 grains).

"To be given three times a day in hot tea.

"Generally, after two days, it suffices to use it only twice a day, and with this I continue until three or four days after the beginning of convalescence. The child, all the while, being kept in bed."

Hyperchlorhydria.

When the gastric juice contains an excess of hydrochloric acid Boas indorses the action of the following mixture, recommended by Wolff:—

℞ Sodium sulphate, ℥j.
Potassium sulphate, ℥i¹/₄.
Sodium chlorate, ℥j.
Sodium carbonate, ℥vj.
Sodium borate, ℥iiss.

M. Sig.: Half a teaspoonful in a half-glassful of water three times a day.—International Medical Magazine.

Vaginal Injections of Bromide of Potassium.

Dr. Mundé says: "Vaginal injections of bromide of potassium I have found of real benefit in cases of so-called irritable uterus, diffuse pelvic pains, and hysterical neuroses in various parts of the body. Injections containing them are best administered at bed-time. I have repeatedly seen a refreshing night's sleep follow the vaginal injection of 1 drachm of bromide of potash to a pint of water."—Medical Brief.

Digitized by Google

La Grippe.

Dr. B. Cogshall, of Flint, Mich., says, in The Medical Brief, that he has used the following formula with much satisfaction, in grippe, fever, colic, sick headache, and kindred affections. It is very pleasant, safe, and reliable:—

℞ Acetanilid, 3 drachms.
Tinct. zingiberis, ½ ounce.
Tinct. capsici, ½ ounce.
Ess. cinnamomi, ½ ounce.
Ess. gaultheriæ, ½ ounce.
Spts. frumenti, 2 ounces.

M. Sig.: One to two teaspoonfuls in cup of hot sweetened water, as required.

Local Treatment of Acute Rheumatism.

In order to relieve articular pain M. Lemoine, of Lille, suggests the subjoined formulæ:—

℞ Liquid vaselin, ʒv.
Methyl-salicylate, ʒiij.—M.

℞ Vaselin, ʒv.
Salicylic acid, ʒj.—M.

℞ Vaselin, ʒvi¼.
Salicylic acid, ʒj.
Sodium salicylate, gr. xlv.
Extract of belladonna, gr. xv.—M.

℞ Salol, ʒj.
Menthol, gr. xxiv.
Ether, ʒj.
Lanolin, ℥j.—M.

℞ Alcohol (85°), ʒv.
Pure guaiacol, ʒj.—M.

℞ Vaselin, ℥j.
Methyl-salicylate, ʒi¼.
Salicylic acid, ʒss.
Guaiacol, ʒj.—M.

℞ Terpinol, ʒiiss.
Guaiacol, ʒj.
Alcohol (85°), ʒiiss.—M.
—La Médecine Moderne.

Lutaud's Pills for Amenorrhœa.

℞ Iron peptonate,
Manganese lactate, of each, 30 grains.
Scammony,
Strychnine sulphate, of each, ¾ grain.

M. Divide into sixty pills. From 2 to 4 to be taken every night on going to bed. —New York Medical Journal.

Migraine.

The Journal of the American Medical Association reproduces the formula of A. Rohin:—

℞ Antipyrine,
Potassium bromide, of each, 50 centigrammes.
Cocaine hydrochlorate, 1 centigramme.
Caffeine, 2 centigrammes.
Pulv. paullinia sorbilis, 30 centigrammes.

For one powder. Make six. Take 1 at the first indication of migraine.

Orthoform.

Orthoform is a white, tasteless, and odorless powder, of anæsthetic and antiseptic power. It has been used successfully upon wounds, ulcers, burns, etc., either in the powder form or as an ointment. We are informed that its price is about $2.00 per ounce.

Palatable Bromoform Emulsion.

In a paper read before the Massachusetts Pharmaceutical Association W. L. Scoville said that formulæ for the internal administration of bromoform are numerous. The only advantage the following can have over others is possibly in a happy combination of palatability, through diffusion and absence of appreciable amounts of alcohol:—

℞ Bromoformi, ʒj.
Tinct. Tolutani, ʒij.
Syrupi Tolutani, ℥j.
Mucil. acaciæ, ʒiv.
Aqua menth. virid., q. s. ad ℥iv.

Mix the bromoform with the tincture of Tolu and add gradually to the mucilage and syrup, previously mixed in the bottle. Shake vigorously and dilute with the spearmint-water.—Western Druggist.

Palatable Creasote or Guaiacol-Carbonate Mixture.

Wyatt says that creosotal, or creasote carbonate, from its insolubility in most menstrua except strong alcohol, can only be given in a mixture emulsified with gum or some similar emulsifier. The following

Digitized by Google

formula gives a good mixture in which the slight creasote taste is well disguised:—

℞ Creosotal, gr. 80.
Acacia, ʒiij.
Rum, ʒiv.
Syrup of Tolu, ʒiv.
Water, enough to make ℥iv.

Melt the creosotal, pour it in on the gum in a warm mortar, mix well, add the rum and then water, little by little, until an emulsion is formed. Make up to 3½ ounces, and add the syrup last of all. Guaiacol carbonate can be dispensed in like manner, using 3 drachms of syrup to rub down the guaiacol carbonate and finely dividing it before adding the gum. The mortar need not be heated at all in this case.—Western Druggist.

Pruritus.

For internal use Brocq and Jacquet mention the following formula:—

℞ Ammonium valerianate, gr. xv.
Syrup of mint, ʒv.
Linden-water, ℥iv.

M. Sig.: Two to four teaspoonfuls daily.

Or

℞ Extract of valerian, gr. $^5/_6$.
Powdered valerian, q. s.

Make one pill. From 2 to 8 such pills daily.

Or

℞ Carbolic acid, gr. $^5/_6$.
Powdered licorice and gum arabic, q. s.

For one pill. From 4 to 8 pills daily after meals.—Le Progrès Médical.

Pulmonary Emphysema.

℞ Sodium arseniate, 1 grain.
Potassium iodide,
Powdered rhubarb, of each, 32 grains.
Extract of dulcamara, q. s.

M. Divide into 32 pills. One to be taken daily for the first few days, then 2 a day.—Indian Lancet.

Sanose, a New Albumin Preparation.

From a paper by Drs. Schreiber and Waldvogel, assistants to the University Medical Clinic of Göttingen, and published in the Deutsche medicinische Wochenschrift, we abstract the following:—

"Sanose is a combination of albumins containing 80 per cent. of casein and 20 per cent. of albumose. Sanose is a white powder, odorless and tasteless, forming an emulsion when stirred with water. We have administered it in the following forms: In milk and cocoa (about ½ to 1½ ounces to a pint of milk), in pea- or bean-soup (about $^1/_6$ of an ounce to a plateful), and with Knorr's soup-powder. In none of these forms can the sanose be tasted, and it is therefore taken by patients for a prolonged period without objection. A mixture of sanose with maltose, isomaltose, and dextrin proved very pleasant, and it is possible that by combining these easily-digested carbohydrates with sanose and an easily-digested fat in a gelatin capsule, all the necessary foodstuff may be supplied. Trials are being made in this direction.

"For ordinary household purposes sanose is a suitable albumin preparation to be added to all foods prepared with flour or meal. Further, it may be added to bread to increase the albuminoid contents. We obtained a very tasty bread by adding 10 per cent. of sanose, with a total albuminoid contents of 20 to 30 per cent. For patients who object to meat, or to whom its enjoyment is more or less forbidden—as in cases of nephritis, uric-acid diathesis, or diabetes—sanose bread will prove an agreeable substitute for aleuronate bread. Cakes containing 20 per cent. of sanose—*i. e.*, a total albuminoid contents of about 30 per cent.—were readily taken by our patients."

Scabies.

A formula commended by M. L. Leistikow is

℞ Betanaphthol, ʒi¼.
Precipitated sulphur, ʒiiss.
Storax,
Powdered pyrethrum, of each, ʒviiss.
Lard, ℥iij.

M. Use daily for three consecutive days.—Le Progrès Médical.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Apr., 1898.

INFLAMMATION OF ADENOID TISSUE IN THE ADULT.

Our attention has been called to an interesting paper on the above subject by Dr. E. J. Moure, of Bordeaux, widely known by his valuable writings, a teacher of distinction, and editor of an excellent journal: Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie.[1] The author, through one of his pupils, called attention, in 1890, to the possibility of adenoid vegetations in adolescents and adults. Since that period Dr. Moure has witnessed a number of cases of hypertrophy of the pharyngeal tonsils in persons beyond the age of childhood. Dr. Brindel, assistant to Dr. Moure, has found records of 156 cases of adenoid hypertrophy, between the ages of 15 and 55, treated in the clinic of the latter. Of the total number, 66 concerned adults over 20 years of age. This fact demonstrates that these vegetations are not exceedingly rare. We should not, therefore, be surprised to find that in the adult, as in the child, they are, from time to time, the seat of inflammatory attacks which furnish a series of appreciable symptoms.

Among the various predisposing causes of these inflammatory attacks Dr. Moure particularly mentions extreme fatigue, which increases the susceptibility of organs to disease. The causes which produce inflammation of the nasal fossæ and retropharynx also have an influence. Inflammation of adenoid tissue, in fact, often follows acute or chronic coryza. In other instances it is consecutive to angina or tonsillitis. Sinusitis may likewise give rise to adenoid inflammation.

Among constitutional causes of the disorder our author enumerates rheumatism and secondary syphilis. According to Gellé, the menopause may be attended by the disease.

Adenoid inflammation in the child is accompanied by fever and systemic manifestations. In the adult fever is extremely rare unless the case is of exceptional gravity, amounting to an actual follicular or phlegmonous affection. In such cases the fever is generally ephemeral and pain in the ear is likewise infrequent. The predominant symptom is the aggravation of the respiratory trouble, if any were already present or its development if not previously in existence. The patient experiences a feeling of obstruction in the nose like that due to simple coryza. The voice acquires a nasal tone. Buzzing in the ear likewise occurs on account of obstruction in the Eustachian tube. These sounds are often associated with more or less dullness of hearing. This is sometimes intermittent. There is also a sensation of fullness in the head.

In some cases the signs of acute naso-pharyngeal catarrh are present. Mucopurulent secretion drops into the back of the pharynx and provokes, especially in the morning, acts of hawking, which may cause vomiting. The patient is constantly clearing his throat and blowing his nose and, says our author, the condition gives rise to "a sort of characteristic *hem.*" At the same time, upon direct examination the nasal fossæ and back of the throat will often be found perfectly intact. In some cases the naso-pharyngeal membrane is red and swollen. By a posterior rhinoscopical examination, often easy in these cases, it is possible to perceive the retropharyngeal

[1] "Des Adénoidites chez les Adultes." Par le Dr. E. J. Moure, Chargé du Cours d'Otologie à la Faculté de Médecine de Bordeaux.

Digitized by Google

adenoid tissue, which occasions different manifestations according to the part involved: if lateral it produces the auricular type; upper, the respiratory type; posterior, the pharyngeal type; or if diffuse, the mixed type. It is not always easy, and perhaps less so in the adult than in the child, to recognize by posterior rhinoscopy the volume of the inflamed adenoid tissue. By endeavoring to locate the articulation of the vomer with the sphenoid we may estimate approximately the degree of swelling of the retronasal tonsil. It is not rare to see emerge from the tonsillar crypts serous or muco-purulent secretion: a positive evidence of inflammation. In acute forms small pultaceous masses may be perceived in the glandular orifices.

In one case of adenoid inflammation the pneumobacillus of Friedländer was found in the exudate by Professor Auché.

The orifice of the Eustachian tube is swollen in these cases and there is catarrhal otitis media with exudation in acute attacks, dry and adhesive in more chronic cases in adults who have suffered repeated attacks and in whom the vegetations have in part disappeared.

Examination of the ear is absolutely indispensable. Dr. Moure states, indeed, that by this means he has often discovered in the naso-pharynx of adults more or less inflamed adenoid vegetations, ablation of which cured the moist and relieved the dry forms of the auricular affection on account of which his advice had been sought.

The following is Dr. Moure's brief summary of the symptoms of acute adenoid inflammation: Nasal obstruction and vocal disorders due to this condition, naso-pharyngeal catarrh varying with the intensity of the inflammation, buzzing in the ears and hardness of hearing, when the inflamed follicles occupy the fossettes of Rosenmüller or the sides of the naso-pharynx.

THE STUDY OF ANÆSTHESIA.

THE physiological action of anæsthetics, always a very interesting and extremely important subject, has received a fresh impetus since the reports and conclusions of the Hyderabad Commissions were published. These conclusions, based upon experimental evidence, were, as regards the influence of chloroform upon the heart, so much at variance with the results of clinical observation that they have not been universally accepted. Much additional experimental work has been done by physiologists not included in the membership of the commission. New methods of procedure have been devised in the hope of solving the question. The interpretation to be placed upon the Indian experiments has also been a matter of discussion.

Mr. Leonard Hill claims, in his criticism of the Hyderabad Commission, that the tracings of their experiments, far from supporting their conclusions, are confirmatory of the results of his own experiments, viz.: that chloroform acts primarily upon the heart and circulation. We need not go into the details of physiological controversy; but we think that most practical surgeons and anæsthetists in this country will continue to watch carefully the pulse and the heart of their patients.

The latest phase of the chloroform controversy consists in a reply by Dr. T. Lauder Brunton to certain criticisms made by Mr. Leonard Hill. The latter writer has passed some severe comments upon the manner in which the commission performed its work. As Dr. Brunton drew up the plan for the experiments of the Second Commission and directed its labor, he, not unnaturally, considers these accusations as reflections upon himself personally. With this aspect of the matter, we, of course, have nothing to do, and Dr. Brunton is well able to speak in his own defense. This letter, to which we refer, is an interesting contribution to the history of the inquiry

Digitized by Google

and contains some points which are worthy of notice.

Mr. Hill has charged that the commission failed to throw any light on "the causation of those accidental deaths which take place in the primary stage of anæsthesia." Dr. Brunton ascribes these fatalities to emotional causes, but acknowledges the deficiency in the research. He states that the members of the commission were conscious of this deficiency and debated whether they should not endeavor to produce in animals "a condition similar to that which may occur in nervous human beings previous to an operation under anæsthetics." They unanimously concluded—wisely, we think—that they were not justified in inflicting the requisite pain and terror. In regard to this point is there no direct evidence to be gained from the experiments of Claude Bernard and Magendie? Much of their work was done before the introduction of anæsthetics and it would seem that they must have had ample opportunity of studying the effect of pain, terror, and emotional excitement upon the heart of animals. Is it known or recorded whether death occurred from shock in animals made use of by the French investigators?

Dr. Brunton denies the charge of prejudice on his part, as he had, when he went to India, a decided belief that stoppage of the heart was one of the dangers to be apprehended from chloroform anæsthesia. This change of opinion was due to the results of experiment.

Medical men at large are deeply interested in the question of the action of chloroform. It seems to be one of those subjects in which scientific investigation contradicts the evidence of clinical practice. They will, therefore, watch attentively the progress of investigation by different observers.

Obituary.—Dr. Robert A. Wheaton, Professor of Minor Surgery in the University of Minnesota, died at St. Paul, of apoplexy, at the age of 35 years.

Medical News and Miscellany.

The American Medical Association.—*Section on Materia Medica and Therapeutics.*—The following papers and discussions have been promised for the meeting at Denver, Col., June 7-10, 1898:—

"Yellow Fever: Its Etiology and Treatment." Discussion by Surgeon-General George M. Sternberg, M.D., of Washington, D. C.; Prof. John Guitéras, M.D., of Philadelphia; Sollace Mitchell, M.D., of Jacksonville, Fla.; T. S. Scales, M.D., of Mobile, Ala.; G. B. Thornton, M.D., of Memphis, Tenn.; H. M. Bracken, M.D., of Minneapolis, Minn.; P. E. Archinard, M.D., of New Orleans, La.; Prof. William H. Welch, M.D., of Baltimore, Md.; Captain R. S. Woodson, M.D., Assistant Surgeon United States Army, of Fort McPherson, Ga.; Prof H. A. Moody, M.D., of Mobile, Ala.

"Aims of Modern Treatment of Tuberculosis." By Prof. Edwin Klebs, M.D., of Chicago. Discussion by Charles Denison, M.D., of Denver, Col.; Prof. William H. Welch, M.D., of Baltimore, Md.; Prof. William E Hughes, M.D., of Philadelphia, Pa.

"Serum-therapy of Tuberculosis." By Prof. S. O. L. Potter, M.D., of San Francisco, Cal. Discussion by Prof. James M. Anders, M.D., of Philadelphia, Pa.; C. Fisch, M.D., of St. Louis, Mo.

"The Therapeutics of Pulmonary Phthisis." By Paul Paquin, M.D., of St. Louis, Mo.

"The Practical Value of Artificial Serum in Medical Cases." By P. C. Remondino, M.D., of San Diego, Cal.

"The Present Status of Serum-therapy." By George W. Cox, M.D., of Chicago, Ill.

"Biological Activity of the Antitoxins." By Prof. Joseph McFarland, M.D., of Philadelphia, Pa.

"Glandular Extracts." By Prof. Isaac Ott, M.D., of Easton, Pa.

"The Use of Remedies in Diseases of the Heart and Blood-vessels." By T. Lauder Brunton, M.D., D.Sc., F.R.S., of London.

"The Mescal Button." By Prof. D. W. Prentiss, M.D., of Washington, D. C., and F. P. Morgan, M.D.

"The Modern Intestinal Antiseptics and Astringents." By William Frankhauser,

Digitized by Google

M.D., of New York. Discussion by Boardman Reed, M.D., of Philadelphia, Pa.

"A New Non-amylaceous Flour for Diabetics and Dyspeptics." By N. S. Davis, Jr., A.M., M.D., LL.D., of Chicago, Ill.

"The Solution of Ethyl Nitrite." By D. J. Leech, M.D., of Manchester, Eng.

"The Treatment of Insomnia." By Robert T. Edes, M.D., of Jamaica Plans, Mass.

"Are there Therapeutic Principles?" By Solomon Solis-Cohen, M.D., of Philadelphia, Pa.

"To What Extent is Typhoid Fever Favorably Modified in Its Course, Duration, Termination, or Sequelæ by the Administration of Drugs." By Frank Woodbury, M.D., of Philadelphia, Pa.

"Strychnine." By J. N. Upshur, M.D., of Richmond, Va. Discussion by Prof. J. H. Musser, M.D., of Philadelphia, Pa.; Walter M. Pyle, A.M., M.D., of Philadelphia, Pa.

"Methods of Teaching Materia Medica and Therapeutics." By Prof. G. H. Rohé, M.D., of Baltimore, Md. Discussion by Prof. Daniel R. Brower, M.D., of Chicago, Ill.

"The Study of Materia Medica and Therapeutics." By H. M. Bracken, M.D., of Minneapolis, Minn.

"A Contribution to the Pharmacology of Cannabis Indica." By C. R. Marshall, M.A., M.B., Pharmacological Laboratory, Downing College, Cambridge, England.

"The Place of Hydrochloric Acid in the Treatment of Diseases of the Stomach." By Boardman Reed, M.D., of Philadelphia, Pa. Discussion by Prof. James M. Anders, M.D., of Philadelphia, Pa.

"The Continuous Use of Digitaline in the Vasomotor and Cardiac Lesions of Senility." By Henry Beates, Jr., M.D., of Philadelphia, Pa.

"The Abuse of Digitalis in Renal Diseases." By Prof. I. N. Danforth, M.D., of Chicago, Ill.

"Home Remedies *Versus* Patent Medicines." By Prof. Adolph Koenig, M.D., of Pittsburgh, Pa.

"Opium in Bacterial Diseases." By J. P. Farnesworth, M.D., of Clinton, Ia.

"The Great Therapeutic Importance of a Rational Adaptation of Cathartic Remedies to the Physiological Functions of the Gastro-intestinal System." By E. D. McDaniels, M.D., LL.D., of Mobile, Ala. Discussion by Prof. John M. Dunham, A.M., M.D., of Columbus, O.

"A Recognition of Temperament: a Factor to the Selection of Remedies, and their Dosage in Disease." By J. E. Moses, M.D., of Kansas City, Mo.

"On Some Preparations of the National Formulary." By C. Lewis Diehl, Ph.G., of Louisville, Ky.

"The Use of Stimulants in Acute Diseases." By E. B. Hershey, M.D., of Denver, Col.

"Codeina." By A. K. Minich, M.D., of Philadelphia, Pa.

"Therapeutics of Idiopathic Epilepsy." By Prof. J. N. Barnhill, A.M., M.D., of Columbus, O.

"The Use of Drugs in Diseases of the Uterus." By Prof. John M. Dunham, A.M., M.D., of Columbus, O.

"Why the Pharmacopœial Preparations Should be Prescribed and Used by the Profession." By Leon L. Solomon, M.D., of Louisville, Ky.

"The Use of Electricity by the General Practitioner." By Caleb Brown, M.D., of Sac City, Ia.

"The Relation of Pharmacal Legislation to Pharmacal Education." By Willis G. Gregory, Ph.G., of Buffalo, N. Y.

"The Uric-Acid Diathesis: Its Cause and Maladies Resulting from it. Is it a Cause or an Effect of Bright's Disease of the Kidneys?" By H. V. Sweringen, M.D., of Fort Wayne, Ind.

"The Sulphocarbolates." By Prof. William F. Waugh, A.M., M.D., of Chicago, Ill.

"Incompatibles." By E. A. Ruddiman, Ph.M., M.D., of Nashville, Tenn.

"Fraudulent Claims—The Remedy." By C. C. Fite, M.D., of New York.

"The Selection of Diuretics and Lithontriptics in Diseases of the Urinary Tract." By Ernest L. Stephens, M.D., of Fort Worth, Texas.

"Life-history of the Bacillus Tuberculosis in its Relation to the Treatment by Tuberculin." By Robert Reyburn, M.D., of Washington, D. C.

"The Chemistry of the Albuminates." By F. E. Stewart, M.D., of New York.

"How Far Does a Scientific Therapy Depend upon the Materia Medica in the Cure of Disease." By Elmer Lee, M.D., of New York.

"Potassium Iodide in Cerebro-spinal

Digitized by Google

Meningitis." By Prof. H. A. Moody, M.D., of Mobile, Ala.

"The Therapeutics of Gold." By Prof. Daniel R. Brower, M.D., of Chicago, Ill.

"The Use of Cold Air as a Practical Antipyretic in Fevers." By T. M. Balliet, M.D., of Philadelphia, Pa.

"The Treatment of Aneurism by Electrolysis Through Introduced Wire. By D. D. Stewart, M.D., of Philadelphia, Pa.

"Immunity: Natural and Acquired." By Prof. Ernest Sangree, M.D., of Nashville, Tenn.

"The Pons Asinorum of Therapeutics." By R. G. Eccles, M.D., of Brooklyn-New York.

"How Can We, as a Profession Secure Greater Accuracy in our Therapeutics? or Can Our Therapeutics be Reduced to an Exact Science?" By Prof. E. H. Hyatt, M.D., of Delaware, O.

The following have also promised papers, subjects to be announced very soon, together with the day assigned for each discussion and paper:—

Prof. R. C. M. Page, M.D., of New York. Prof. Charles G. Stockton, M.D., of Buffalo, N. Y. Arthur R. Edwards, M.D., of Chicago, Ill. Prof. Frederick Henry, M.D., of Philadelphia, Pa. Dr. R. S. Woodson, U. S. A., Fort McPherson, Ga. Dr. Dudley W. Buxton, of London, England. Prof. I. E. Atkinson, of Baltimore, Md. Prof. George F. Butler, M.D., of Chicago, Ill. Prof. Joseph P. Remington, of Philadelphia, Pa. Dr. L. A. Sayre, of Lawrence, Kas.

The chairman will be pleased to receive and place upon the programme subjects for discussion and papers. John V. Shoemaker, M.D., chairman, 1519 Walnut St., Philadelphia, Pa.

Denver Meeting of the American Medical Association.—The Committee of Arrangements anounces that preparations for the coming meeting are well advanced. A large number of prominent men have signified their intention to be present and read papers, and an excellent scientific programme is assured. The indications all point to a large and successful meeting.

Convenient and ample accommodations have been secured for the general sessions, section work, registration, and exhibits.

The entertainment of members and their families is being planned on an elaborate scale and the committee promises all who may come a most enjoyable time.

Denver is an interesting city, and the State offers many and varied attractions to visitors.

Local excursions are being arranged to take place after the meeting that all may have ample opportunity of visiting various points of interest in the State and seeing the best scenery of the Rocky Mountains.

The committee confidently expects to obtain one-half rate and 30-day limit for the round trip on roads west of Chicago and St. Louis, and reduced rates on eastern roads. The rates will be announced in the journal of the association as soon as definitely determined.

The committee has issued a list of the hotels of Denver, with their rates.

Application for rooms should be made to the hotels direct. For special information apply to Robert Levy, M.D., Chairman of the Subcommittee on Hotels, California Building, Denver, Col.

Section of Cutaneous Medicine and Surgery of the American Medical Association.—The Section on Cutaneous Medicine and Surgery of the Denver meeting (June 7 to 10) is completing its programme. Dr. T. C. Gilchrist, of Baltimore, is secretary; Dr. J. M. Blaine, of Denver, is local secretary; and Dr. A. W. Brayton, of Indianapolis, is section chairman. Papers have been promised by Drs. A. H. Ohmann-Dumesnil, of St. Louis, on "Iodia Intoxication"; by Dr. J. V. Shoemaker, of Philadelphia, on "Treatment of Pigmentary Diseases of the Skin"; Dr. J. M. Blaine, of Denver, on "The Causes of Baldness"; Dr. A. W. Brayton, of Indianapolis, on "The Cutaneous Tuberculoses"; Dr. Lincoln Mussey, of Denver, on "The Bearings of Syphilis on Consumption"; and also papers by Dr. T. C. Gilchrist; Dr. Robert Hessler, of Indianapolis; William Gilbert Hay, of San Francisco; William G. Corlett, of Cleveland; and others to be heard from. The Business Committee of the section is composed of Drs. L. D. Bulkley, of New York; A. E. Regensberger, of San Francisco; and A. Ravogli, of Cincinnati.

Associated Health Authorities of Pennsylvania.—The fifth annual meeting of this body will take place at Lancaster, May 18 and 19. It is proposed to make educational hygiene a somewhat distinguishing feature of the occasion. By invitation of

Digitized by Google

the State Board of Health the Associated Health Authorities will visit the Lancaster County Vaccine Farms at Marietta.

Washington Compared to Hannibal.—With a beaten and defeated army operating against overwhelming odds, he had inflicted upon the enemy two severe defeats. No greater feat can be performed in war than this. That which puts Hannibal at the head of all great commanders was that he won his astonishing victories under the same general conditions. There was one great military genius in Europe when Washington was fighting this short campaign in New Jersey: Frederick of Prussia. Looking over the accounts of the Trenton and Princeton battles, he is reported to have said that it was the greatest campaign of the century. The small numbers engaged did not blind the victor of Rossbach and Leuthen. He did not mean that the campaign was great from the number of men involved or the territory conquered, but great in its conception, and as an illustration of the highest skill in the art of war under the most adverse conditions.—From "The Story of the Revolution," by Senator H. C. Lodge, in the April Scribner's.

The Rediscovered Greek Poet.—To all who concern themselves directly with classical literature this new book, which has waited twenty-four centuries for a publisher, must for the present overshadow all other new books. But has it any message for a wider public? It is in the conviction that these old songs appeal to man as man, in every age and clime the same, that they are here considered. There has hardly been any age between the old fifth and the new nineteenth century more responsive than our own to the dominant note of Bacchylides. For he is, first of all, the laureate of manly sport. Not of a mere muscular athleticism, but of that old Greek discipline which wrought at once on brawn and brain and which made Olympia a training-school in patriotism and religion as well as a nursery of art and song. Of the twenty odes now recovered, fourteen celebrate victories in the national games. Readers of Pindar need not to be reminded that the epinician ode took a wide and high range, often comparable to the sweep of our great secular commemoration odes. The immediate event of a successful sprinter or a sweepstakes steed or a winning four-horse chariot afforded the poet a text; but the text opened upon all that was inspiring in Hellenic story.—From "Bacchylides, the Risen Bard," by J. Irving Manatt, in American Monthly Review of Reviews for April.

A Fugitive King's Fete.—Joseph Bonaparte often entertained his Philadelphia friends in princely style. "About four miles from Philadelphia there was a magnificent mansion built after the Italian manner in the previous century by Governor John Penn, and known as Lansdowne House in honor of the Marquis of Lansdowne. Here Joseph Bonaparte," records William Perrine, writing in the April Ladies' Home Journal, of "When the King of Spain Lived on the Banks of the Schuylkill," "established himself in rural ease until he had built his 'palace' at Bordentown, New Jersey. Toward the end of the summer of 1817 Joseph had a little dinner-party at Lansdowne. Among the guests was Dr. Benjamin Rush's daughter, Julia, who was pleased with what she thought his fluent conversation, his urbane manner, and his good looks, and who, perhaps, was somewhat inclined to sympathize with his complaint that Napoleon had not been at all disposed to let him have very much of his own way as either soldier or King.

"On one occasion only he gave a magnificent fête on the lawn of his princely estate, and all the beaus and belles of Philadelphia who had been invited dressed in their most picturesque summer gowns and made haste to attend. It was a brilliant afternoon fête, and Bonaparte was the centre of attraction as he stood on his lawn and welcomed his guests. But it is doubtful whether there were at any time more than half a dozen persons in Philadelphia, or for that matter in the whole country, to whom he bore anything like close and confidential relations. He liked little children, and they were sometimes in the habit of speaking of him as 'the good Mr. Bonaparte.'"

Not Afraid.—Many years ago, the late Dr. Shippen, of Philadelphia, left his house in the early morning and was hurrying down the street, when he noticed a singular and ferocious-looking man, whose gaze was fastened upon him. With instinctive politeness and *bonhomie* he smiled, raised his hat, and passed on—when suddenly he heard a shot. Turning, he found that the stranger had just left his home with the

Digitized by Google

insane intention of killing the first man he met. He was the first man; but his absolute fearlessness and constitutional as well as cultivated courtesy had put the man off his guard, and the next passer-by had caught the bullet intended for him. That smile and bow had saved his life.—Emily Mayer Higgins, in April Lippincott's Magazine.

A Cordial Spirt.—Convalescent (dictating): "Please say to Mrs. Jackson that I thank her, not alone for the brandy peaches that she so kindly sent me, but for the spirit in which they were sent."

Physicians Resign.—Four of the most prominent members of the attending staff of the Garfield Memorial Hospital have recently handed in their resignations, thus severing their connection with that institution. The physicians who resigned are: Samuel S. Adams, George N. Acker, James C. McGuire, and Joseph H. Bryan. Some time ago, it will be remembered, W. W. Johnston severed his connection with the institution. These gentlemen for some time have disapproved of certain administrative methods of the hospital and recently discovered that some of the lay hospital authorities were clandestinely offering their positions to other physicians in the district. —Washington Corresp. Journal Amer. Med. Asso.

The Wills Eye Hospital, Philadelphia.—Dr. H. L. Hale and Dr. J. A. Cramp have been appointed assistant surgeons.

London Neurological Society.—Professor Hitzig has been elected an honorary member of the London Neurological Society in succession to the late Professor du Bois-Reymond.

Mount Sinai Hospital, New York.—Dr. Morris Manges and Dr. Nathan E. Brill have been appointed visiting physicians to the hospital.

Successor to Heidenhain. — Professor Huerthle has been appointed to succeed Professor Heidanhain, whose assistant he formerly was, in the Chair of Physiology in the University of Breslau.

Chicago Gynæcological Society. — The Chicago Gynæcological Society entertained the Trustees of the American Medical Association on the evening of February 18th. The following programme was presented: Exhibition of specimens; exhibition of instruments; report of cases; "The Removal of Fibroid Tumors of the Uterus without Hysterectomy," by Dr. E. E. Montgomery, of Philadelphia; "Vaginal Hysterectomy and Igni-extirpation," by Dr. Joseph Eastman, of Indianapolis; "The Rectal Reflexes in Relation to Gynæcological Work," by Dr. J. M. Mathews, of Louisville; "Uretero-vaginal and Uretero-abdominal Fistulæ," by Dr. A. H. Ferguson.

The guests of honor were Alonzo Garcelon, M.D.; G. C. Savage, M.D.; I. N. Love, M.D.; E. E. Montgomery, M.D.; J. M. Mathews, M.D.; C. A. L. Reed, M.D.; Joseph Eastman, M.D.; J. T. Priestley, M.D.; Truman W. Miller, M.D.; John B. Hamilton, M.D.—Journal of the American Medical Association.

"The Habitant."—Dr. W. H. Drummond, of Montreal, has entered the domain of literature with a volume of verse relating to the life of the "habitant," or French Canadian farmer. The field occupied by Dr. Drummond is new, and his verses, written in the quaint French-English dialect, contain much of interest.

Abortion.—The crime of abortion is so common, so injurious to morality, and entails such deplorable physical consequences that it claims the constant attention of the medical profession. Dr. H. R. Storer, of Newport, believes that the induction of unnecessary abortion is probably now as prevalent in this country as when the subject was brought to the attention of the American Medical Association by him forty years ago.

In answer to a paper read by Dr. Storer the Newport Medical Society unanimously appointed a committee to "obtain through correspondence with medical societies and otherwise such action by the profession as may tend to lessen the occurrence of criminally-induced abortion."

Dr. C. D. Arnold, of El Reno, Oklahoma, is also engaged in a study of abortion. Dr. Arnold has served four years as Territorial Superintendent of Public Health of Oklahoma, and two years as Secretary and one year as President of the Oklahoma Territorial Medical Association.

Dr. Arnold has issued a number of questions to which he earnestly asks replies. Our readers will serve a good cause by mailing answers to these questions to Dr. Arnold, who will greatly appreciate such assistance. The questions are as follow:—

Digitized by Google

1. Give total number of abortions from all causes that occurred in your practice during 1897.

2. In how many of these abortions were the elements of criminality, to your mind, apparent?

3. In how many of these abortions, except those classed in question 2, were the elements of criminality, to your mind, probable?

4. How many of the abortions named in questions 2 and 3 were followed by puerperal septicæmia or other diseases?

5. How many deaths resulted from the abortions named in questions 2 and 3?

6. How many still-born in your practice?

7. How many infanticides?

8. How many viable children born in your practice?

9. How many cases of puerperal mania resulted from the abortions classed in questions 2 and 3?

Instruction in Colonial Hygiene.—The University of Brussels has just founded a Chair of Colonial Hygiene, and has appointed thereto Dr. George Treille, formerly Professor in the French School of Naval Hygiene and Inspector-General and Director of the French Colonial Health Service.

Philadelphia Polyclinic. — Dr. Frank Woodbury has been appointed Associate in Diseases of the Throat and Nose at the Philadelphia Polyclinic.

Honorary Members.—The Moscow Therapeutic Society has recently elected Professors Senator and Ewald, of Berlin, honorary members.

College of Physicians of Philadelphia.—At a stated meeting on March 11th, of the Section on General Surgery Dr. Newton M. Shaffer, of New York, read a paper on "The Mechanical Treatment of Dislocated Semilunar Cartilage at Knee-joints." The discussion was opened by invitation by Dr. John Dane and Dr. E. G. Brackett, of Boston; Dr. Reginald H. Sayre and Dr. Wisner R. Townsend, of New York; and Dr. Robert T. Taylor, of Baltimore, and was continued by Dr. John Ashhurst (Jr.), Dr. W. W. Keen, Dr. J. William White, Dr. de Forest Willard, Dr. O. H. Allis, Dr. James K. Young, Dr. John B. Roberts, Dr. H. Augustus Wilson, and Dr. William G. Porter.

Medical Inspector of Philadelphia.—The office of the medical inspector, Room 616, City Hall, will be open on Sundays and holidays from 10 A.M. until 1 P.M. for the purpose of receiving reports of contagious diseases and giving information in regard thereto, etc.

French Society of Otology and Laryngology.—The next meeting of the above society will take place at Paris, May 2, 1898. The following questions are to be discussed: 1. The unification of acoustic notation; reporters, MM. Gellé, senior and junior. 2. Pathology of the lingual tonsil; reporter, M. Escat.

International Congress of Hydrology and Climatology. — The Fifth International Congress of Hydrology, Climatology, and Geology will be held at Liége this year, from September 25th to October 1st.

Tennessee State Board of Health.—Dr. J. A. Albright, formerly president of the Tennessee State Board of Health, has resigned that position, and has been elected to the more responsible position of Secretary of the Board in place of the late Dr. J. Berrien Lindsley.

Russian Scientists and Physicians.—The tenth Congress of Russian Scientists and Physicians will be held at Kieff from August 21st to 30th, under the presidency of Professor J. Rachmaninow.

Resignation of Professor Esmarch. — Professor Esmarch, of the University of Kiel, is to resign the chair of surgery, which he has occupied since 1857.

Surgical Society of Paris.—Annandale, of London, and Julliard, of Geneva, have been chosen associate members.

Deviation of the Umbilicus.—Boulland has drawn attention to this subject. As is well-known, a past pleurisy, especially when accompanied by a dense adhesion, is able to cause deviation of the sternum to the right or left of the middle line according to the side affected. In the same way, deviation of the umbilicus may occasionally be observed in patients who have had a previous tuberculous peritonitis, for adhesions form inside the abdominal cavity as in the pleural. There is, however, this important feature in connection with the peritoneal condition that such adhesions are liable to cause intestinal obstruction; therefore, deviation of the umbilicus may

Digitized by Google

be of practical importance to the surgeon in determining where to operate in opening the abdomen.—British Medical Journal.

The Late Dr. J. Q. A. Stewart.—Dr. Stewart was born in 1829 near Louisville, Ky., studied law in his youth, and spent several years in a mining camp in California.

In 1859 he was graduated from the Kentucky School of Medicine, and at once went to Daviess County, Ky., to begin the practice of medicine.

As a practitioner he was successful from the start, and after a few years' practice in the country he removed to Owensboro, that a larger field might be opened up to him. Here he lived, meeting with all the recognition, social and professional, offered by Owensboro until his removal to Frankfort in March, 1878, to accept the position of Medical Superintendent of the Kentucky Institution for the Training of Feeble-minded Children, tendered him by Gov. John B. McCreary.

In the spring of 1893 his only son, John, having graduated in medicine, and being anxious to follow his father's noble work, Dr. Stewart bought the old Kentucky Military Institute, six miles from Frankfort, and established him in business as manager of the "Stewart Home." The success of the venture was greater than expected (it being the only such institution south of the Ohio) and in the following year—upon the expiration of his term at the State Institution—Dr. Stewart resigned to be associated with his son in the management of their private infirmary. There he lived, thoroughly happy, and contented with his work and beautiful environments until "God's finger touched him, and he slept."

As an alienist, Dr. Stewart is well known all over the continent and Europe. He has visited every public and private institution in this country, and did not, for many years, miss a single meeting of the superintendents. He was an ex-president of their association and contributed many valuable papers at their different annual meetings.

In the industrial reforms of feeble-minded institutions, he was the pioneer—he being the first to teach useful trades to the brighter patients, to prepare them, in a measure, for the battle of life, when, by law, they were compelled to leave the State institution. Gardening, carpentering, shoe-making, broom and mattress making were taught the boys; while the girls were drilled in sewing, washing, cooking, and house-work.—Courier-Journal.

Dr. Stewart was father-in-law to Professor William L. Rodman, of the Medico-Chirurgical College of Philadelphia.

Jules Pean.—Dr. Péan, the celebrated clinical surgeon, of Paris, died recently from pneumonia following influenza for which he had been some two or three days in bed. His death was totally unexpected by the medical fraternity and neither his pupils nor his friends knew that he was ill, and his loss will be very widely felt. Jules Péan was born in 1830 near Châteaudun. He was the son of a miller, a fact he was fond of recalling, and suffered many privations at the beginning of his career, having to support himself in Paris entirely by fees received for coaching his fellow-students in anatomy. In 1853 he came out first at the *concours* for the election of resident medical officers at the hospitals. Shortly afterward he became Prosector to the Faculty of Medicine and then surgeon to the hospitals of Paris, where he very rapidly acquired a great reputation for his operative skill. He was one of the first surgeons to perform with success operations on the abdominal cavity, which had been considered up to that time absolutely impossible. His first ovariotomy was done in 1864, at a time when the surgical authorities of the Academy of Medicine declared that to perform this operation was a crime. He performed about this time the first splenectomy ever done in France. In addition he made many discoveries in the domain of operative surgery, such as vaginal hysterectomy, the method of *morcellement* for the extirpation of large tumors, prophylactic clamping of vessels, and excision of the larynx, all of which are associated with his name. For twenty years he was surgeon to the St. Louis Hospital, where his operations were always followed with interest by a crowd of on-lookers (assistants) from all parts of the world. The clinical lecture which he delivered upon these occasions was always highly appreciated. An accomplished orator, with a full and finished style, Péan expressed himself with a kind of geniality which gave point to the provincial accent which he never lost. Quick to seize the salient points of any question with a comprehensive glance, not

Digitized by Google

only was he an operator of the very first class, but an unrivaled clinician. He left his post at the St. Louis Hospital in 1892 on account of his having reached the limit of age, but finding himself unable to give up the exercise of his art he built himself a private hospital called the International Hospital, where his following of pupils and patients accompanied him.—Lancet.

Consulting Anæsthetist.—Dr. Dudley Buxton has been appointed Consulting Anæsthetist to the National Hospital for the Paralyzed and Epileptic, Queen Square, which he has served in the capacity of anæsthetist for several years.

Removal.—Dr. Cryer has removed to 504 Crozer Building, 1420 Chestnut St., Philadelphia.

Kansas City Academy of Medicine.—Officers elected for the ensuing year are: president, Dr. Robert T. Sloan; vice-president, Dr. Hal Foster; Secretary, Dr. Ralph J. Brown; censor, Dr. J. Herbert Austin; treasurer, Dr. C. Lester Hall.

The Physician and Surgeon.—Dr. Frank Banghart Walker, of Detroit, has become associate editor of this excellent journal in place of Dr. Mann, who has accepted the sole editorship of The Medical Age.

Lecture on Russia.—Dr. Persifor Frazer delivered an illustrated lecture on European and Asiatic Russia at Horticultural Hall, Philadelphia, on Monday evening, March 14th.

Colorado Medical Library Association.—Officers for the ensuing year were elected as follows: President, William P. Munn; treasurer, Laura Liebhardt; secretary, Henry Sewall; librarian, John Parsons.

Association of American Anatomists.—The following officers were elected for the ensuing year: President, Dr. Burt G. Wilder; vice-presidents, Dr. George A. Piersol, of Philadelphia, and Dr. William Keiller, of Galveston; secretary and treasurer, Dr. D. S. Lamb, of Washington.

Seaboard Medical Association of Eastern Virginia and North Carolina.—The officers of the association are: President, Dr. J. F. Lynch, of Norfolk, Va.; vice-presidents, Dr. Thomas F. Riddick, of Woodville, N. C., and Dr. J. H. Peck, of Hampton, Va.; secretary, Dr. J. E. Phillips, of Suffolk, Va.; treasurer, Dr. L. Gwathway, of Norfolk.

Commission of Public Health. — The American Medical Association, through a special committee appointed for the purpose, drafted a bill to create a National Commission of Public Health. The American Public Health Association at its twenty-fifth annual meeting voted to approve this bill, which has been introduced in the House of Representatives by Mr. Otjen, of Milwaukee, Wisconsin. The bill provides for the creation of a central sanitary authority which shall include the present Marine Hospital Service.

A centralized authority upon matters of public hygiene is urgently needed.

Brooklyn Medical Society.—The following officers have been elected for the year: president, Peter Scott; vice-president, J. H. Droge; secretary, B. F. M. Blake; corresponding secretary, J. J. Bowen; treasurer, L. E. Meeker; librarian, E. A. Hatch.

Board of Health, Memphis, Tenn.—Dr. Heber Jones was chosen President of the Board of Health to succeed Dr. G. B. Thornton, whose term of office expired.

National Confederation of State Examining Boards.—The national confederation of State Medical Examining and Licensing Boards will hold its eighth annual meeting on Monday, June 6, 1898, in Denver, Col. The following are the officers and committees for the current year: President, Dr. William Warren Potter, of Buffalo, N. Y.; vice-presidents, Dr. E. L. B. Godfrey, of Camden, N. J., and Dr. William Bailey, of Louisville, Ky.; secretary and treasurer, Dr. A. Walter Suiter, of Herkimer, N. Y. Executive council, Dr. William S. Foster, chairman, of Pittsburgh, Pa.; Dr. Joseph M. Mathews, of Louisville, Ky.; Dr. Hugh M. Taylor, of Richmond, Va.; Dr. W. H. Sanders, of Montgomery, Ala., and Dr. Charles K. Cole, of Helena, Mon. Committee on minimum standards, Dr. N. R. Coleman, chairman, of Columbus, O.; Dr. Gardner T. Swarts, of Providence, R. I.; Dr. T. J. Happel, of Trenton, Tenn.; Dr. Augustus Korndoerfer, of Philadelphia, Pa.; Dr. W. R. Tipton, of Las Vegas, N. M.

Appointed Superintendent.—Dr. E. M. Wiley has been appointed superintendent of the Central Kentucky Asylum for the Insane.

Digitized by Google

Cleveland Medical Society.—The following officers were elected for the ensuing year: President, Dr. Aug. F. House; first vice-president, Dr. F. E. Bunts; second vice-president, Dr. E. G. Carpenter; secretary, Dr. J. M. Ingersoll; treasurer, Dr. F. C. Taylor; censors, Dr. R. J. Wenner, Dr. W. T. Corlett, Dr. P. M. Foshay, Dr. R. E. Skeel, Dr. J. H. Lowman; pathologist, Dr. W. T. Howard, Jr.; trustees, Dr. N. S. Scott, Dr. H. C. Brainerd, Dr. Charles Gentsch.

German Congress of Internal Medicine.—The Sixteenth Congress will be held at Wiesbaden, April 13 to 16.

German Congress of Naturalists and Physicians.—The Seventieth Annual Congress will be opened at Düsseldorf on September 19th.

Medico-legal Society of Philadelphia.—At the quarterly meeting of the Medico-legal Society, the following officers were elected: President, J. H. Dripps, M.D.; first vice-president, E. B. Wheeler, M.D.; second vice-president, A. M. Eaton, M.D.; treasurer, G. M. D. Peltz, M.D., and secretary, C. H. Clewell, M.D.

Dr. Delstanche. — Dr. Delstanche has been chosen President of the Royal Society of Medical and Natural Sciences of Brussels.

Obituary. — Dr. Robert Charles Kirkpatrick, of Montreal, died of tuberculous meningitis after an illness of three weeks. He was Lecturer on Surgery at McGill University and one of the most promising young surgeons in the city.

Book Reviews.

The Anatomy and Functions of the Muscles of the Hand and of the Extensor Tendons of the Thumb. By J. Francis Walsh, M.D. (Univ. Penna.), of Camden, N. J. Essay awarded the "Boylston" Prize for 1897, Department of Anatomy and Physiology, by the Boylston Medical Committee, Boston, Mass. Philadelphia: Charles H. Walsh, 1897.

Dr. Walsh has made a thorough and systematic study of the muscles of the human hand. This work is based upon the dissection of fifty-three hands. The author deserves much credit for his work. Investigations of this kind seldom fail to elicit some new facts or, at least, to bring some previously-known facts into new prominence. In a number of instances the writer of this essay points out certain actions which had hitherto almost or entirely escaped attention.

Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons (Columbia University), New York, etc. Second Edition. Philadelphia: J. B. Lippincott Company, 1898.

In preparing this second edition the author has rewritten some of the chapters and has modified, changed, or enlarged much of the text. The symptomatology is briefly given, but the points of differential diagnosis are dwelt upon at greater length as being a prime essential of successful treatment. The work depends very closely upon personal experience, and the remedies and methods recommended are such as have been found useful in the practice of the author. Dr. Jacobi avows himself a believer in medicines. The reader, therefore, may feel that, from a therapeutic point of view, he has not consulted the book in vain. The sections upon diseases of the skin, eye, and ear might as well have been omitted, as they are too meagre to be of much value to the practitioner. In the treatment of those diseases which belong to general medicine the conclusions of the author can be safely followed. In the appendicitis of childhood the author deprecates a rash resort to surgery, and is not an advocate of the systematic exhibition of purgatives. In diphtheria he regards the value of antitoxin injections as amply proved. Altogether, the work is both readable and instructive.

The Year-book of Treatment for 1898. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia and New York: Lea Brothers & Co.

This book is prepared by a number of English contributors. Most are names well known in periodical literature as advanced students and excellent writers. Reginald

Digitized by Google

Harrison, Patrick Manson, Malcolm Morris, W. J. Walsham, Dawson Williams, Dudley W. Buxton, and M. Handfield-Jones are among those especially well qualified to judge of the worth of newly-proposed measures of treatment. The volume is not of large size: a fact which will render it all the more acceptable to many readers. We find that the abstracts are well chosen, well arranged, and well written.

The Nervous System and its Diseases. A Practical Treatise on Neurology for the Use of Physicians and Students. By Charles K. Mills, M.D., Professor of Mental Diseases and of Medical Jurisprudence in the University of Pennsylvania, etc. Diseases of the Brain and Cranial Nerves, with a General Introduction on the Study and Treatment of Nervous Diseases. With 459 Illustrations. Philadelphia: J. B. Lippincott Co., 1898.

Dr. Mills is recognized in this city as a very diligent and acute student of nervous and mental diseases; his occasional writings upon various branches of this specialty have won him a wide-spread reputation. As a clinical lecturer, he has become personally known to those who have studied medicine in Philadelphia, and, hence, his teachings have obtained a wide dissemination. We therefore receive with pleasure this systematic treatise upon diseases of the nervous system. Dr. Mills has appropriately dedicated his work to S. Weir Mitchell.

The author has produced a work of the first magnitude and rank. He has very clearly described the anatomy, development, physiology, and chemistry of the nervous system. As regards chemistry, he has had the valuable collaboration of Dr. Henry Leffmann. In neural terminology he has very largely adopted the terminology of Professor Burt G. Wilder.

His discussion of general matters pertaining to diseases of the nervous system and their treatment lays down the principles by which the physician must be governed. In Chapter IV the author gives an admirable description of the histology and physiology of the encephalon, and a clear presentation of the present state of knowledge regarding cortical localization, as well as the functions of the cerebral and cerebellar ganglia. The diseases of the vessels of the brain and of the nerves of special sense and their correlated cerebral structures are the important subjects of separate chapters.

Dr. Mills is very thorough in all his work, and his views are accordingly of much authority in his special field. In this treatise he has collated the results of his own clinical and pathological studies with the histological and experimental researches of other authorities.

The typography and illustrations are excellent. A bibliographical index is of service as a guide to the literature of the subject, and a general index enhances its value as a work of reference.

The Surgical Complications and Sequels of Typhoid Fever. By William W. Keen, M.D., LL.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, etc. Based upon Tables of 1700 Cases Compiled by the Author and by Thompson S. Westcott, M.D., Instructor in Diseases of Children in the University of Pennsylvania, etc. With a Chapter on the Ocular Complications of Typhoid Fever, by George E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in the Jefferson Medical College, etc., and, as an Appendix The Toner Lecture, No. V. Philadelphia: W. B. Saunders, 1898. Price, $3.00, net.

This important work is the amplification of a lecture delivered by Dr. Keen more than twenty years ago. In the intervening time many cases had been published illustrative of surgical complications or sequelæ of typhoid fever. These have been carefully analyzed and added to the original matter, the result being an octavo volume of nearly 400 pages.

As a fever of such universal prevalence and so important from the medical aspect, the disease appears, in this work of Dr. Keen's, scarcely less so from the purely surgical point of view. Many have not realized, until their attention is called to the subject by the circumstantial details of this book, how varied are the surgical effects of typhoid fever. The infection, which manifests itself in a prolonged course of fever, is capable of producing a long list of surgical affections, involving bones, joints, viscera, and organs of special sense.

The well-known literary as well as surgi-

Digitized by Google

cal ability of Dr. Keen is conspicuous in this beautifully printed and illustrated book, which should be in the hands of every practitioner.

Illustrated Skin Diseases. An Atlas and Text-book With Special Reference to Modern Diagnosis and the Most Approved Methods of Treatment. By William S. Gottheil, M.D., Professor of Skin and Venereal Diseases at the New York School of Clinical Medicine, etc. New York: E. B. Treat & Co. Portfolios 7 to 13, inclusive. Price, $1.00 per number.

These seven numbers contain, among others, illustrated descriptions of psoriasis, dermatitis, erythema nodosum, chancroid, lupus, tuberculosis of the skin, syphilodermata, lepra, acne, rosacea, elephantiasis, molluscum contagiosum, carcinoma, and scleroderma. The diseases are briefly, but graphically, portrayed as regards their chief features, the illustrations are good, and the series is well adapted to be of assistance in studying the subject of dermatology.

Alaska: Its Neglected Past, its Brilliant Future. By Bushrod Washington James. Philadelphia: The Sunshine Publishing Co., 1897.

Dr. James is well qualified, by attainments and personal observation, to write such a work. He has journeyed to Alaska and has previously given to the world some results of his study of the Indian folk-lore and legends.

The appearance of the book is timely in these days of Klondike excitement. The author writes of the history, geography, geology, and mining and agricultural capabilities of the country. The book is published in good style and will well repay perusal.

Atlas of Methods of Clinical Investigation, with an Epitome of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases. By Dr. Christfried Jakob, Formerly First Assistant in the Medical Clinic at Erlangen. Authorized Translation from the German. Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. With 182 Colored Illustrations upon 68 Plates and 64 Illustrations in the Text. Philadelphia: W. B. Saunders, 1898.

This is a valuable book. By means of beautiful plates the author illustrates the morphology of the blood in health and disease, the microscopy of the sputum, the most important color-reactions of the gastric juice, organic and inorganic urinary sediments, the most important color-reactions of the urine, the most important pyogenic micro-organisms, etc. These are all-important aids to diagnosis, and the short and practical explanations of the plates enable the reader to recognize the structures seen under the cover-glass or in the test-tube. In the second part of the work the normal position of viscera is taught in the same manner, after which diseases of the lungs, heart, and abdominal organs are diagrammatically depicted. The peculiarity of the book is that the principles of physical diagnosis are taught chiefly by the plates. The text of this part is very brief. It gives, in connection with each disease, a few lines sketching the history, diagnosis, physical examination of the case. Each plate represents an individual patient.

In the latter portion of the book the essential points of diagnosis are given, and modes of examination are explained in the same direct, plain, and succinct style.

A Compendium of Insanity. By John B. Chapin, M.D., LL.D., Physician-in-chief to the Pennsylvania Hospital for the Insane, etc. Illustrated. Philadelphia: W. B. Saunders, 1898.

The recognition of insanity in its early stage is sometimes difficult. It is of importance that the general practitioner should be able to recognize the signs of mental alienation in order that necessary precautions should be taken and proper treatment be secured. Dr. Chapin's book is so condensed as to give the leading symptoms of mental disorder without entering into minute detail. It is, for this reason, well adapted to answer the purpose for which it was written. The ramifications of the subject are vast, and into these the family physician has not time to enter. In his attempt to acquaint himself with the salient features of insanity the reader will have no cause for disappointment in Dr. Chapin's work.

Fatty Ills and their Masquerades. By Ephraim Cutter, M.D., LL.D., and John Ashburton Cutter, B.Sc., M.D. Equit-

Digitized by Google

able Building, 120 Broadway, New York: The Authors, 1898.

Dr. Ephraim Cutter, a man of indefatigable industry and an original thinker, has for many years been a close student of the influence of food in health and disease. He has paid great attention also to microscopy of the tissues and fluids of the body. The presentation, in this volume, of his views relative to the fatty degeneration of tissues and organs lays great stress upon the effect of diet in both producing and curing this condition. The writers trace the ramifications of the fatty metamorphosis as they are exhibited in diverse disease-processes. The diversity depends upon the organs which may be attacked, but the writers teach that the pathological change is essentially the same in all structures. In treating these disorders the writers dwell much upon the use of hygienic and physiological agencies. In addition to diet they point out the benefits of electricity, massage, cheerfulness, music, etc. These are very important topics and have been assiduously studied by the authors.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Contributors: Herbert W. Allingham, F.R.C.S.; E. Hurry Fenwick, F.R.C.S.; J. Dundas Grant, M.A., M.D.; A. D. Rockwell, A.M., M.D.; Prof. W. Gilman Thompson, M.D.; and many others. 1898. Sixteenth Year. New York: E. B. Treat & Co.

This work is useful to the practitioner in that it contains a condensed summary of new remedies and new methods of treatment, as well as several specially prepared articles. The compend of new remedies is the work of Dr. William Murrell, whose many original investigations on the action of drugs render him particularly capable of reviewing the recent additions to our list of remedies. That portion of the work which considers the subject of treatment is under the supervision of authors who are universally known for their contributions to scientific literature. "Diseases of the Rectum" are under the charge of Herbert W. Allingham, "Tropical Diseases" are discussed by James Cantlie, "Pediatrics" by Prof. Henry Dwight Chapin, "Diseases of the Stomach" by W. Soltau Fenwick, "Obstetrics" by Thomas More-Madden, "Gynæcology" by Professor Theophilus Parvin, "Sanitation" by Dr. Joseph Priestly, "Electro-Therapeutics" by Dr. A. D. Rockwell, "Fevers" by Prof. W. Gilman Thompson, etc. These, and the other writers concerned in the preparation of this volume, have brought their work down to the end of the year just past and have written special articles whenever the subject seemed incomplete. Other special communications are also included in the work, as, *e.g.*, an excellent paper on "Bacteria Pathogenic in Man," by S. C. Shattuck, of the Museum of the Royal College of Surgeons, London. The reader will consequently find this annual to be of decided assistance in his daily work.

A System of Obstetrics. With 543 Illustrations. Based upon a Translation from the French. By Dr. A. Auvard, Accoucheur to the Hospital of Paris. Revised from the Third Edition by John Davis Hartley, M.D. Third Edition. New York: J. B. Flint & Company, 1898.

The importance of the obstetric art makes it the imperative duty of the practitioner to give it the closest study. The emergencies which may at any time arise must be met with the utmost promptness. A knowledge of when to wait and when to act is a requisite of the accomplished obstetrician. In the work before us the fundamental principles of obstetrics are clearly explained. By means of plates and diagrams the mechanism of labor is amply illustrated. The subjects of unusual presentations and dystocia are dealt with in a lucid style, and the obstetric operations are clearly described.

The text is concise and to the point. A minuteness of detail has been avoided: a feature which will commend the book to many readers. The explanations of the pregnant and parturient conditions are very ingenious. The diagrammatic plates will be of much assistance to the student. The book is well adapted to serve as a guide to the young practitioner. Its teaching is safe upon the essential points of this department of practice, and it will prove an excellent introduction to the larger and more elaborate treatises.

Flint's Encyclopædia of Medicine and Surgery by Various Writers. Arranged Upon a New System, which Embodies

Digitized by Google

the Methods of Treatment Employed by Eminent Practitioners of Medicine. Compiled Under the Direction of the Publishers and Including the Writings of John Abercrombie, T. D. Ackland, Henry Trenham Butlin, John Chiene, W. Cayley, David W. Finlay, T. Holmes, Jonathan Hutchinson, Howard Marsh, C. Mansell Moullin, Sir William Stokes, W. Hale White, and many others. Second Revised Edition. New York: J. B. Flint & Company, 1898.

As indicated by its title, this is an encyclopædia. Its articles are arranged in alphabetical order and the most important are signed by the writers. From the list of contributors also the reader may have a reliance that the matter of the work is of scientific value. It is the knowledge of to-day that is contained in these pages without the addition of discarded theories or practice derived from the past. Some of the articles are of considerable length and are able summaries of our present information. They constitute, in fact, short chapters. This is true, for instance, of the section on "Tumors" by Mr. Butlin, who is well-known for his excellent work in this department of pathology and surgery, on "Typhoid Fever" by W. Cayley, "Surgery" by Sir William Stokes, etc. There is quite a little chapter on phthisis.

In the preparation of this work special attention has been given to the subject of treatment, the exact doses and combinations of the drugs recommended being generally given.

Mammalian Anatomy: A Preparation for Human and Comparative Anatomy. By Horace Jayne, M.D., Ph.D., Director of the Wistar Institute of Anatomy and Biology and Professor of Zoölogy in the University of Pennsylvania, etc. Part I. The Skeleton of the Cat, its Muscular Attachments, Growth, and Variations Compared with the Skeleton of Man. With Over 500 Original Illustrations and Many Tables. Philadelphia and London: J. B. Lippincott Company, 1898.

This admirable treatise systematically and carefully describes and figures the skeleton of the domestic cat. There can be no doubt that such a study constitutes a very excellent introduction to human anatomy and also to the whole subject of comparative anatomy. Most investigators of comparative anatomy reach their subject through the portals of medicine. The human skeleton is the most perfected structure of the kind. The plan of the lower vertebrates leads up to that of man. The osseous and muscular systems of man are taken also as a standard according to which corresponding parts of the inferior animals are named. On the other hand, a knowledge of the anatomy of the brute creation is of assistance in comprehending the material structure of man.

For the foregoing reasons dissection of one of the lower animals is of value and assistance to the medical man at various stages of his career. To the undergraduate or even to those who have not yet entered formally upon the subjects of a medical curriculum this dissection presents many advantages. It gives one practice in the use of the knife and familiarity with the gross appearance of different structures. With such preliminary training, the student of human anatomy advances more rapidly in his special dissections.

Dr. Jayne selected the cat as the example of the mammalian skeleton because it is easily obtained and in many respects approaches more nearly than other animals to the anatomy of man. It is neither too large nor too small. Its size constitutes an incidental advantage in that the dissections can, if desirable, be made at home.

The studious dissection of the cat may confidently be recommended to those who expect to devote themselves to zoölogy, biology in general, or comparative anatomy. To all these subjects it will serve as an excellent introduction.

We agree with the author in believing that embryology can be best understood after the adult structure has been thoroughly mastered. He, therefore, purposes to consider embryology and histology in a succeeding volume.

The painstaking work necessary in the preparation of this volume has resulted in the production of a practical and thoroughly scientific treatise. The language of the text is clear and the description readily understood. The author has given us a book particularly well fitted to serve the purpose for which it was written. To correspond with the excellence of the author's text, the typography and illustrations are of rare beauty.

Digitized by Google

COMMERCIAL NEWS.

Modified Cows' Milk for Infants.

In order to prevent the firm clotting to which cows' milk is prone, some alkaline solution may be added, or a small quantity of a mucilaginous or other kind of thickening substance, such as barley-water, a solution of gelatin, or one of the prepared foods, which act mechanically in obviating the formation of firm clots. Mellin's food may be used; in this the starch has been converted into dextrin and maltose.—From "Food in Health and Disease," I. Burney Yeo, M.D., F.R.C.P.

Petroleum Emulsion.

Although the medical properties of petroleum have been known since a very early date, yet it is only within a few years that the remedy has been prominently brought to the attention of the profession. There can be no question whatever but that petroleum is an oil which is digested and absorbed like any of the fatty foods. The oil is emulsified by the pancreatic juices and absorbed by the lacteals. The Angier Chemical Co. put petroleum on the market in the form of an emulsion because they believe that as the process of emulsifying thoroughly breaks up the oil into minute particles it thus predigests it and puts it in a condition so that it can be absorbed at once. The Angier emulsion has combined with it the well-known hypophosphites. Each ounce of the emulsion contains $33^1/_3$ per cent. of purified petroleum and 12 grains of the combined salts of lime and soda. In consumption, bronchitis, and in all the various diseases of the pulmonary tract, experience shows this preparation to be of great use.

A Tonic for Convalescents from Typhoid Fever.

The convalescence from typhoid fever is a very trying period. Constant care must be exercised to avoid a relapse generally more dangerous than the original attack. The patient is debilitated, has a tendency to contract colds, and lacks the power to resist complications. A restorative which will promote healthy stomachic conditions, and give tone to the entire system without producing undue stimulation, may be said to remove all fears of relapse. These virtues are claimed for "Gray's Glycerine Tonic Comp.," formula of Dr. John P. Gray, and of which The Purdue Frederick Co., No. 52 West Broadway, New York, are the sole proprietors. This preparation, besides, has a grateful, inviting taste, is refreshing, does not constipate like many tonics, and causes no unpleasant reaction.

The Treatment of Gout.

Chronic gout, while not a fatal disease *per se*, is a dangerous affection on account of atheroma and involvement of the kidneys, depending as it does upon an increase of urate of soda in the blood, depositing itself in certain joints and internal organs. These deposits consist of sodium urate, sodium chloride, and calcium phosphate. The entire arterial system is apt to become atheromatous, causing hypertrophy of the left ventricle of the heart.

The treatment, therefore, is plain. Active exercise. The bowels must be kept open daily. Hot baths are of service. Alcoholics should be interdicted. Among drugs besides alkalines, colchicum and iodine are the best; salicylate of sodium is very useful. A preparation containing colchicine, decandrine, solanine, iodic acid, and sodium salicylate in a cordial, known to the profession as Henry's Tri-Iodides, meets not only all indications, but has clinically proved itself the most useful combination ever offered.

Maltzyme with Codliver-oil.

This preparation, from the laboratory of the Malt-Diastase Company, 1 Madison Avenue, New York, has stood the test of chemical examination with remarkable results. The report of the College of Phar-

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

ELIXIR SALICYLIC COMP.

(WM. R. WARNER & CO.)

Avoid Substitutes and Imitations.

A Potent and Reliable Remedy in Rheumatism, Gout, Lumbago, and Kindred Complaints.

Combining in a pleasant and permanent form in each fluidrachm, the following:—

Acid. Salicylic. (Schering's), grs. v.
Cimicifuga, grs. 1¾. Potass. Iodid, grs. iss.
Tr Gelsemium, gtt. j. Sodii Bicarb.

This preparation is especially valuable for rheumatic diathesis and in the treatment of acute inflammatory, subacute, and chronic rheumatism; any of which will yield to tablespoonful doses, every three or four hours, until four doses are taken; then a dessertspoonful at a time, and finally decrease to a teaspoonful every three or four hours.

In acute inflammatory rheumatism experience has proved that two tablespoonfuls administered every four hours until a slight ringing in the ears follows, the dose then decreased to a tablespoonful every three or four hours, will produce the desired effects

The advantages of Elixir Salicylic Comp. are afforded by the combination of Salicylic Acid with Soda in excess, thus forming a salt less corrosive and irritating and more readily borne by the stomach.

The other ingredients possess advantages well known to the profession, to whom this preparation is alone introduced. We therefore suggest the propriety of specifying "Warner & Co.'s" and, in ordering in fluid quantities, to obtain original bottles It is a matter of great satisfaction to us to be able to place before the profession a remedy so effectual in the cure of one of our most stubborn classes of disease. **Price, $1.00 per bottle.**

Elixir Salicylic Comp. is put up in 12 oz. square, blue bottles, with prescription label on it, and may be obtained from druggists everywhere. See that no substitutes are offered.

For Sale by All Druggists.

WILLIAM R. WARNER & CO.,

1228 MARKET ST., PHILADELPHIA. 52 MAIDEN LANE, NEW YORK. 197 RANDOLPH ST., CHICAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

FORMULA:

Sodium Phosphate, C. P.,
Sodium Sulphate, C. P.,
Sod. et Pot. BITART., and
Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Digitized by Google

macy of the City of New York shows the average for four samples calculated per 1 gramme of maltzyme with codliver-oil, to 4.5832 grammes maltose. W. D. Horne, Ph.D., analytical and consulting chemist, who has made careful determination of the diastasic power of Maltzyme with codliver-oil, writes: "I have determined the weight of maltose produced by the action of a certain amount of this preparation upon a starch paste, believing that this method represents more accurately the true diastasic value of a diastasic preparation than the mere determination of starch converted, because, in conversion, starch is changed first into dextrin by a partial hydrolysis; then into maltose by complete hydrolysis." Comparing the maltose-producing power of maltzyme with codliver-oil with that of other well-known products of this class, he found the parts of maltose produced from starch paste by one part of preparation, to be: maltzyme with codliver-oil 4.624, against 1.141 and 0.247, respectively, from two other products.

Dr. Willis G. Tucker, Professor of Chemistry in the Albany Medical College, in an article entitled "Note on Diastatic Preparations," in the March, 1898, issue of the Albany Medical Annals, remarks: "It is, I think, fair to state that the first of these preparations was maltzyme with codliver-oil, and that these results plainly indicate its diastatic activity. Such preparations as this have aptly been styled 'digestive foods,' and the value, as previously stated, in large measure depends upon the amounts of active diastase which they contain."

Good Bread Makes Good Health.

If "the proof of the pudding is in the eating of it," the hygienic value of bread depends first on the quality of the flour; secondly, on the baking of it. But it is with bread as with the pudding, and too often the proof of its value is determined at a sorry cost by the consumer. Indigestible bread promotes dyspepsia. There is no healthier food than good wheat bread; the French are great bread-eaters and dyspepsia is unknown in France except among those who have ruined their stomachs by a too fast life and an appetite for absinthe. What constitutes good, wholesome bread is the question. Many housekeepers have a weakness for fine white flour: the "snow-white biscuits" are a stereotyped feature in the description of an American breakfast or supper. Those good people gratify their eyes at the expense of their stomach, for they deprive the latter of the nutritive element which goes to blood-making and brain-feeding: the gluten, whose presence would spoil the immaculate whiteness of their favorite flour. It isn't the miller's fault, the miller grinds to please the "æsthetic" eye of the consumer. Gluten is to the wheat what the succulent juice of its flesh is to a chicken. Kill your chicken and hang it in the sun or in a dry oven until the fluidic constituents of all flesh are thoroughly evaporated, and see what benefit you will derive from eating the dry, unsavory flesh.

The proprietors of the Franklin Mills, Lockport, N. Y., have undoubtedly made a thorough study of the properties of wheat; instead of catering for an obviously false taste, they have had in view the health of the people. Their Franklin Mills Fine Flour of the entire wheat meets all the *desiderata* of hygienic food. The bread made from this flour is of a beautiful light golden brown and has a rich, satisfying flavor, which makes it a favorite after a very short trial. That it should be well cooked goes without saying. Bread, properly baked, is light, with a crisp crust, browner than the golden delicacy within. A valuable booklet giving the fullest information may be obtained, free of charge, from the makers of this flour—the cheapest as well as the best of flours, since it gives more food value for the same money than any other flour.

Deserved Compliment.

Dr. F. M. Johnson of No. 117 Beacon St., Boston, pays the following deserved compliment to The Maltine Company:—

(Continued on advertising page 20.)

Digitized by Google

Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

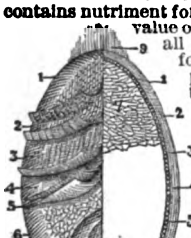
CHEAPER THAN BEEF

Every pound of Franklin Mills Flour, a Fine Flour of the Entire Wheat represents a pound of food value. One dollar's worth of beef contains nutriment for 2 4-5 days. One dollar's worth of

FRANKLIN MILLS FLOUR,

A Fine Flour of the Entire Wheat

contains nutriment for 19¼ days. When the true value of the Fine Flour is known, all will use it as their bread food. It is easy of digestion, perfect in assimilation and thoroughly nourishes every part of the body.



If your grocer does not keep Franklin Mills Flour, have him order some for you or send us his name and your order—we will see that you are supplied. See that the Flour delivered bears our label; avoid substitutes.

Booklet with key to picture Free for the asking.

The genuine made only by the

FRANKLIN MILLS CO., LOCKPORT, N. Y.

Tannalbin in . . . DIARRHŒA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin

Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin

ALTERATIVE
ANTIRHEUMATIC
ANTICATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent of ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

"For more than fourteen years I have constantly made use of a number of your preparations, and it gives me much pleasure to state that the results have been uniformly and eminently satisfactory.

"By your courtesy, it has been my pleasure to inspect your plant, and to familiarize myself with the very interesting processes in operation, and I was particularly impressed with the extreme care, cleanliness, and nicety that rules and pervades the entire atmosphere of your extensive establishment.

"Maltine with Codliver-oil, I have prescribed very frequently. My patients take it readily, and it is easily assimilated.

"Maltine with Cascara Sagrada has proved in my hands to be the ideal tonic-laxative. It has never disappointed me, and I have given it in hundreds of cases.

"Malto-yerbine is of great value as an adjunct in the treatment of all bronchial difficulties."

Pain in Otitis.

Dr. George H. Powers, Professor of Ophthalmology and Otology in the University of California, San Francisco, in an article in The Medical News, writes as follows, in reference to the treatment of pain in otitis: "At my first visit I found a copious discharge of bloody serum from the ear with hardly a trace of pus. He suffered from severe cephalalgia, but there was no special tenderness in or about the ear, and no swelling. Thorough cleansing of the meatus with dry cotton relieved the pain in the head remarkably, and with a dose of antikamnia, 10 grains, he slept some hours."

In the Atlanta Medical Journal of February, 1898, Dr. Herman D. Marcus, Late Lecturer on Materia Medica at Medico-Chirurgical College, Philadelphia, Pa., says: "In 55 cases of uterine and vaginal diseases, I have used Micajah's Medicated Uterine Wafers with distinctly favorable results, as follows: 38 were cured, 9 greatly improved, and the others unimproved,—a percentage of cures larger than from any other form of treatment. Some 25 or 30 cases of leucorrhœa treated with these wafers showed cures in three to six weeks." (A Sample of Micajah's Medicated Uterine Wafers will be sent free by addressing Micajah & Co., Warren, Pa.)

A Pre-antitoxin Mortality of 40 Per Cent. Reduced to 3.6 Per Cent.

Prior to the introduction of Antidiphtheritic Serum, the mortality from diphtheria at the Harper Hospital, Detroit, averaged for a number of years 40 per cent. According to the 34th annual report of the hospital authorities, as published in the February issue of the Harper Hospital Bulletin, page 73, 141 cases were treated at the hospital during 1897, with the following results:—

	Cases.	Deaths.
Ordinary Diphtheria	115	1
Laryngeal Diphtheria	26	6
	141	7
Excluding two cases Moribund on Admission	2	2
	139	5
Mortality under Antitoxin Treatment		3.6 per ct.

The antitoxin employed exclusively in Harper Hospital during 1897 was the Antidiphtheritic Serum of Parke, Davis & Co.'s Biological Department, and the remarkable reduction displayed in the death-rate reflects the highest credit on the efficacy of this matchless product.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

THE DOMINATION OF THE NERVOUS SYSTEM.—Every function of the body is controlled by the nervous system; hence, just to the extent of the nerve lesion will there be a depression of the vital forces. The experience of the profession proves that one of the best possible remedies for this condition is CELERINA in teaspoonful doses four or five times a day. No one after an intelligent use of CELERINA will deny its power to give renewed energy to the whole nervous system.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Digitized by Google

DR. McMUNN'S

Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

E. FERRETT, Agent, 372 Pearl Street, New York.

ANTI-TUBERCLE SERUM (PAQUIN)

ANTI-DIPHTHERITIC SERUM (PAQUIN)

ANTI-TETANIC SERUM (PAQUIN)

ANTI-STREPTOCOCCUS SERUM (PAQUIN)

INDICATED IN

Tuberculosis
Diphtheria
Tetanus (Lock-jaw)

Puerperal Fever, Septicemia, Mixed Infections of Tuberculosis and Diphtheria, Erysipelas, Scarlatina, Pyemia, Bronchitis, Bone and Joint Tuberculosis.

Tuberculin, Erysipelas Toxin, Mallein, Vaccine Points, Cultures Pathogenic and Non-Pathogenic, Slides of Germs, Outfit for Microscopical Diagnosis of Tuberculosis, Chemic, Bacteriologic and Microscopic Analyses Made.

Brochure, with Clinical Reports, also Vials for Mailing Specimens for Analysis, sent on Application.

THE PAUL PAQUIN LABORATORIES CO., 209 N. 7th St., ST. LOUIS, MO.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 4, 1897, and continues until May. It is preceded by a Preliminary Session of two weeks, and followed by a Post-Graduate Course until middle of June.

Preliminary examination, or equivalent degree, and four years' graded course obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practical demonstrations. In the subjects of Anatomy, Pharmacy, Chemistry, Physiology, Hygiene, Therapeutics, Histology, and Pathology and Bacteriology special practical laboratory instruction is given. Also bedside instruction in Medicine, Surgery, and Gynecology.

Examinations are held at the close of each Regular Session upon the studies of that term.

FACULTY:

Therapeutics, Skin, and Venereal Diseases, J. V. Shoemaker, M.D., LL.D.
Practice.....J. M. Anders, M.D., Ph.D.
Surgery and Pathology.....Ernest Laplace, M.D., LL.D. / Wm. L. Rodman, M.D.
Obstetrics.....W. Frank Haehnlen, M.D., Ph.D.
Gynecology.....W. Easterly Ashton, M.D.
Ophthalmology.....L. Webster Fox, A.M., M.D.
Physiology.....Isaac Ott, A.M., M.D.
Hygiene.....Seneca Egbert, A.M., M.D.
Clinical Medicine.....William E. Hughes, M.D.
Nervous Diseases.....Chas. W. Burr, A.M., M.D.
Children's Diseases.....W. C. Hollopeter, M.D.

For further information or announcement, address

SENECA EGBERT, A.M., M.D., DEAN,
Medico-Chirurgical College, Philadelphia, Pa.

PURE SANDAL OIL CAPSULES.

				PER DOZ.
List No. 53A	12 in Box	10 Min-ims Size.		$ 2.25
" 53	24 "			4.25
" 54	36 "			6.25
" 54C	100 "			15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

			PER DOZ.
List No. 421A	40 in Vial	5 Minims Size.	$ 4.75
" 421B	80 "		9.00
" 421C	100 "		10.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

HENRY'S Three Chlorides

(LIQ. FERRISENIC HENRY'S).

THE GLANDULAR STIMULANT AND CHALYBEATE TONIC.

THERAPY: Tonic, stomachic, anti scorbutic, hæmatinic, and alterative.

Indicated in Anæmias, Chlorosis, and as a reconstructive in convalescence from any cause.

Makes Quantity and Quality of Blood.

DOSE: 1 or 2 drachms.

HENRY'S TRI-IODIDES.

(LIQ. SALI-IODIDE HENRY'S).

ALTERATIVE { Antirheumatic. Antisyphilitic.

THERAPY: In lymphatic and visceral disturbances a uric-acid solvent, and a reliable eliminant in all diathetic diseases.

1 or 2 fluidrachms in water exercises a synergistic effect over the entire range of

THE SALICYLATES AND IODIDES.

MAIZO-LITHIUM

(LIQ. LITHIUM MAIZENATE).

A POSITIVE DIURETIC.

STIMULATING, YET NON-IRRITATING.

THERAPY: In genito-urinary diseases, cystitis, incipient diabetes, lithæmia, urethritis, and all inflamed conditions requiring a non-irritating diuretic.

DOSE: 1 or 2 drachms. 8-oz. bottle, $1.00.

LITERATURE ON APPLICATION. HENRY PHARMACAL CO., LOUISVILLE, KY.

DOCTOR, DO YOU CURE YOUR **GOITRE PATIENTS?**

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

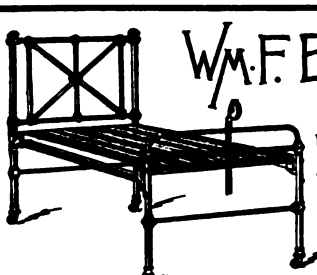
Lock Box 4. **F. E. MAY, M.D., Bloomington, Ill.**

S GLASS & METAL S
I HIGHEST GRADE I
G FOR PHYSICIANS, G
N DENTISTS ETC. N
J.W. RUSSELL & CO.
S MFR'S 294 PEARL ST. NEW YORK. S
WRITE FOR PRICE LIST.

ALWAYS MENTION

THE MEDICAL BULLETIN

When Writing to Advertisers.



WM. F. BERNSTEIN & CO.

MAKERS OF HIGH GRADE

ASEPTIC

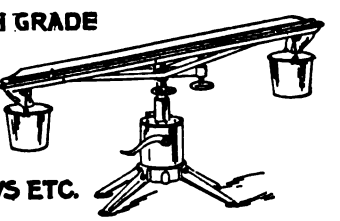
HOSPITAL FURNITURE

IRON BEDSTEADS

MATTRESSES

PILLOWS ETC.

SEND FOR CATALOGUE



FACTORY & OFFICE 917 RICHMOND ST · SHOWROOMS 4TH & CALLOWHILL STS. PHILA.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter.

Resident Physicians: { J. Willoughby Phillips, M.D. S. A. Mercer Given, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, MAY, 1898. No. 5.

Clinical Lectures.

THE OPERATIVE TREATMENT OF CHRONIC SUPPURATION OF THE MIDDLE EAR.[1]

BY E. B. GLEASON, M.D.,

Clinical Professor of Otology in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: The first case this afternoon is that of a man who has suffered since boyhood from chronic otorrhœa. He tells us that the discharge resulted from scarlet fever, and that his family physician told his parents that he would finally outgrow the difficulty, so that his ear for some years received very little treatment.

Principally to rid himself of the atrocious odor of the fetid discharge, he then applied to various physicians, but without much benefit. His ear continued to discharge, except at intervals of a few weeks or months, when the discharge almost or entirely ceased. His acuteness of hearing varied greatly, being best when the ear was discharging a moderate amount of fluid.

Our patient's history is by no means uncommon, and its explanation is easy. His ear probably never entirely ceased discharging, but at certain times the discharge became so scanty that none of it showed itself externally, but dried in the deeper portions of the canal and in the tympanum as fast as it was secreted.

After a considerable mass of inspissated secretion had accumulated in this manner, it acted as a foreign body whose irritation was sufficient to set up a discharge profuse enough to wash out the accumulations. This process of alternate accumulation of inspissated discharges and their removal from the middle ear by increased discharge went on from year to year, and abundantly explains the great variation in the patient's hearing.

His hearing was probably best when the ear was entirely free from dried secretions, which must, as they accumulated, have interfered more and more with the entrance of sound-waves. The accumulation of a certain amount of dried secretion, however, may have occasionally acted like an artificial drum-head, and by increasing the tension of the stapes have temporarily greatly increased the acuteness of hearing.

That small accumulations of dried pus and epidermal scales from the canal are capable of acting in this manner to improve hearing explains the statement made sometimes by patients: "Last week I heard better than ever in my life before, but this week I am almost completely deaf."

Every aurist has occasionally made his patient temporarily deaf from thoroughly cleansing his ear, or by bringing about the cessation of an otorrhœa. Substances were cleansed away which acted as artificial drum-heads.

Three weeks ago, when the patient was first seen, there was removed from the middle ear a quantity of foul, cheesy pus and desquamated epidermal scales. From the upper portion of the atrium was removed, by means of a small curette, several large granulations. The spot where they grew was touched with a bead of chromic acid fused on the end of a probe, and boric acid was then dusted over the parts.

His ear has not since discharged. Is he

[1] Abstract of a clinic in the amphitheatre of the Medico-Chirurgical Hospital, May 29, 1897, before members of the American Medical Association.

Digitized by Google

cured? It would seem that the proper answer to this question is largely a matter of definition as to what is meant by "cured" as applied to cases of this character. On inspection, it is discovered that the larger portion of the drum-head is lacking; of the ossicles there remains only a portion of the malleus and incus; but the stapes remains in its normal position within the oval window, except that it is tilted somewhat backward by the unopposed action of the stapedius muscle.

His hearing is fairly good: 3 inches for the watch, and is increased to nearly 18 inches by the placing of a little ball of cotton upon the stapes. The ball of cotton acts as a so-called "artificial drum-head" and improves hearing by antagonizing the action of the unopposed stapedius, and increasing the tension at the oval window.

As regards a cure, the lacking parts certainly have not been restored, but all has been done that it is judicious to do, and our patient's ear is in the condition that the dentist leaves the mouth when he has filled all carious teeth. The parts are in a fairly satisfactory condition, but will require attention from time to time to keep them so.

If this ear be let entirely alone, in the course of a year, or perhaps sooner, the discharge will return and the old conditions recur. The most important function of the drum-head is to protect the middle ear from dirt, cold, and other irritants; and, in order to prevent a relapse into the former condition, it will be necessary to thoroughly cleanse the tympanum from time to time, and, if a discharge recur, as the result of a cold, to check it as soon as possible, by the insufflation of boric acid and other appropriate treatment.

For the control of discharges from the ear, dryness is the most valuable of all therapeutic measures. Few, if any, bacteria are capable of living without moisture; and it goes without saying that discharging ears should remain unstoppered by cotton, in order to allow the secretions, if scanty, to evaporate. If absorbent cotton be inserted into the ear in such cases, the retention of moisture and heat subjects the parts to an effect similar to that of a poultice constantly applied, and increases discharge and the tendency toward the formation of polypi.

To increase evaporation, some dusting-powder is a great advantage. Probably it does not make the greatest difference what powder be applied for this purpose, providing it be non-irritant to mucous membranes, astringent, and antiseptic; although, as already stated, *dryness*, as brought about by the absorbent properties of any powder, is the most powerful of antiseptics, and greatly overbalances any antiseptic properties that the substance itself may possess. Boric acid possesses these properties to a marked degree, and is probably at least equal to any powder for use within the ear. The more powerful astringent powders are, so far as I know, too irritant for frequent use in the ear, and increase, rather than diminish, discharge. Whatever powder employed should simply be dusted over the parts, and an amount sufficiently large to prevent free drainage should not be employed.

The patient should be seen every day or, at least, every other day, and the dressing removed. In cases where the atrium only is suppurating—if the parts are thoroughly cleansed and all granulations and polypi are removed at the first visit of the patient: as a part of the examination of his ear, in fact—a cessation of discharge usually quickly is brought about.

Our second case also is that of a man who, since childhood, has suffered from chronic otorrhœa. Of late years the discharge has been scanty, thick, and foul-smelling.

After drying his ear completely it was found that the major portion of the drum-head was lacking, and behind the malleus a fistula extended upward into the attic, or vault of the tympanum, and from this fistula the major portion of the discharge seemed to come.

As very little relief resulted from systematic syringing, through the fistula, of peroxide of hydrogen and other fluids, after some weeks the remains of the malleus and incus were removed. The bony ledge upon which these ossicles rested was found, at the time of the operation, to be covered by granulations, and these, together with masses of inspissated pus, were curetted away at the time of the operation, which was done under cocaine.

The man's otorrhœa has ceased. He hears my watch at about 1 foot, and his hearing is not improved by wearing an artificial drum-head of cotton or other material.

Let us consider, if you please, the topog-

Digitized by Google

raphy of the cavities of the middle ear, or rather as much of the topography as is necessary for our purposes. The tympanum is divided into two cavities: the atrium and the attic. The attic not only is situated immediately above the atrium, but extends laterally over the auditory canal; so that the presence of the ossicles, pockets are formed in which inspissated pus may accumulate and lead to the formation of granulations and small polypi. It is to the accumulated masses of this kind and polypi *—not to caries of the ossicles or even of the bone upon which they rest*—that chronic

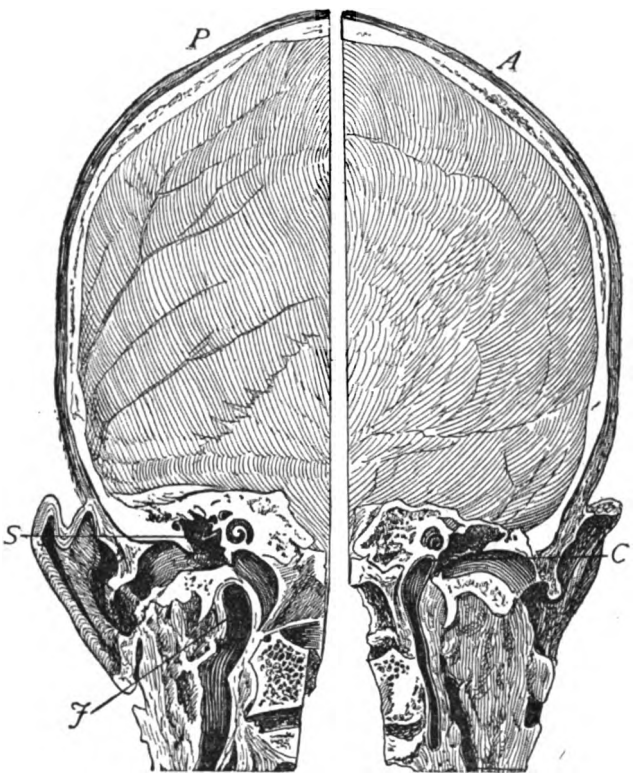


Fig. 1.—Vertical frontal section through the middle of the meatus: *A*, anterior, *P*, posterior, portions of the specimen. *S*, scute, or outer bony wall of the attic. In the posterior of the specimen is seen the aditus ad antrum occupying a position posteriorly above and somewhat laterally to the scute. The drum-head, malleus, and incus have disappeared, probably as the result of chronic suppuration; but the stapes is still present in the oval window. Above the stapes the saw has opened the Fallopian canal. The section was made originally to show the relation of the large vessels to the tympanum. *J*, internal jugular vein with its bulb extending up under the floor of the tympanum. In the specimen the bulb of the jugular vein is separated by a thin lamina of bone from the mucous membrane of the floor of the tympanum; but in other specimens bone is entirely lacking between a portion of the vein and the tympanum; so that the vein might readily be cut during the operation of paracentesis of the drum-head: an accident that has sometimes occurred. The relation to the tympanum of the carotid artery is shown in the anterior part of the specimen. It lies sufficiently near to render it advisable to employ a probe-pointed knife when operating in the anterior part of the tympanum. The soft parts of the specimen have been somewhat distorted by drying. (From the photograph of a specimen in the writer's collection.)

between the canal and the attic is a triangular ledge of bone upon which the head of the malleus and body of the incus rest. (Fig. 1.)

Although this bony floor of the attic slopes sharply downward and inward toward the atrium,—and is hence called by Leidy the scute, or toboggan-slide,—yet, owing to discharge from the attic most frequently depends.

Were it possible to keep these parts cleansed and free from exuberant granulations, *caries, if it existed, would be quickly healed.* However, as this was not apparently possible without operation, the ossicles were removed from the man's ear and

Digitized by Google

the granulations and filth scraped away, as far as was possible, with a small curette designed for the purpose.

If we examine the malleus and incus which were removed, you will observe that the long process of the incus and the handle of the malleus are lacking, probably as a result of caries; but the bones are perfectly smooth and, in this case, at least, caries or necrosis had little to do with the discharge which continued for so many years.

In suppuration from the attic the descending, or long, process of the incus acts as a drain over which pus flows downward into the atrium. As a result, the long process is often quickly destroyed and the stapes is freed from the two larger ossicles.

This fact explains the comparatively good hearing observed in most cases of chronic suppuration: because the stapes is not restricted in its vibrations by loss of mobility of the larger ossicles. It is not

and enable the operator to exert sufficient force to cut through hard bone. The cup of the curette is bent sharply upward at its extremity, so as to form a sort of beak. This beak is passed up into the attic, and traction and upward pressure exerted. The bone is somewhat rapidly and entirely safely cut away by rotating the instrument in such a manner that first the edge of one side and then of the other side of the cup is brought into contact with the parts to be removed. The beak prevents the instrument from slipping outwardly while traction is exerted. (Fig. 2.)

I have done this operation in only three cases of chronic otorrhœa, in two of which a cure of the otorrhœa resulted within a few weeks. This young woman had the operation performed upon her about a year ago. Not only have we secured a cessation of otorrhœa, but a most marvelous improvement in the hearing.

Before the operation she heard my watch

Fig. 2.—The writer's curette for removing the lateral bony wall of the attic. The handle of the instrument is made broad and is coarsely serrated to afford a firm grasp and enable the operator to cut through hard bone. The cup of the instrument is bent sharply upward to form a beak, which is passed behind the scute into the attic and prevents the instrument slipping outward when traction is exerted. The shank of the curette between the cup and the handle is as small as is consistent with strength.

the patients, in our ear-dispensaries, with perforated drum-heads who are very hard of hearing, but those whose drum-heads are entire and often nearly normal: the victims of the so-called dry catarrh of the middle ear.

The simple removal of the ossicles has been sufficient in this case to cause a cessation of the otorrhœa. The ear will remain dry as long as the parts are cleansed from time to time. By the removal of the ossicles, improved drainage and somewhat increased space for the manipulation of the instruments has been secured for the cleansing of the attic and removal of granulations and polypi. Often this increased space is not sufficient to bring about a cure in cases of chronic suppuration of the attic. Much greater space can be obtained by removing entirely the bony floor of the attic. This is readily accomplished through the canal by means of a curette, which I devised for the purpose. The handle is broad and serrated to afford a firm grasp

only on contact; she now hears it at 5 feet, which is rather further than most of you are able to hear it. She hears all the tones of Galton's whistle, and the very low tones emitted by this huge tuning-fork devised by Dench. Her hearing, as far as our tests go, is absolutely perfect; somewhat better, in fact, than that of some of you whose drum-heads and larger ossicles are perfect. It is possible that she hears only the overtones of this large fork, which are present to a very limited extent in spite of the weights; but her hearing is certainly remarkably good.

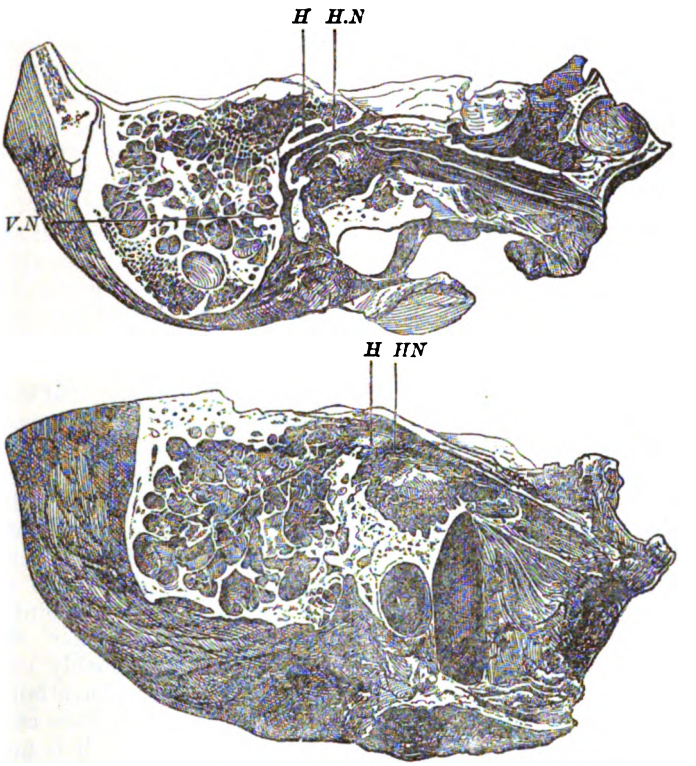
Posteriorly above and laterally from the attic is the mastoid antrum. The somewhat narrowed space between the attic and antrum is called the neck of the antrum, or the aditus ad antrum. (Figs. 3 and 4.) Both of these spaces may become completely packed with epidermal scales and inspissated pus, as the result of long-continued, chronic suppuration.

The operation performed upon the young

Digitized by Google

woman would expose the aditus comparatively well, and even expose the upper and medium wall of the antrum fairly well. However, in cases in which the antrum is involved in chronic suppuration, what is known as the radical mastoid, or Stacke, operation, is better calculated to yield satisfactory results.

This young man had chronic suppuration of his middle ear since childhood. His ear has been treated by several physicians. Failing to bring about a cessation of the discharge by intratympanic syringing, an incision was made behind the auricle down to the bone. After dissecting up the periosteum, by means of a mallet and chisel, the mastoid antrum was exposed in the manner usual in the simple mastoid operation. The antrum was found to be filled with inspissated pus and epidermal scales, which were removed with the curette. The auricle and the cartilaginous canal were severed from the long canal and held forward by an assistant. Between the artificial opening in the mastoid process and the bony canal there remained a ridge of bone, which was removed by the Rongeur forceps and chisel. The scute, or bony floor of the attic, was also removed, and the entire middle ear thus converted into one large cavity. (Fig. 5.) A skin-lining for this cavity was obtained by slitting up the cartilaginous canal and pressing the flaps into place when the auricle was secured in the normal position. This is not quite Stacke's method of operating, but is the manner in which the radical mastoid operation is most frequently performed.



Figs. 3 and 4.—Sections through the mastoid antrum, aditus, tympanum and Eustachian tube. Median aspect of the specimens: *H*, horizontal semicircular canal; *HN*, horizontal portion of aquæductus Fallopii; *V.N*, vertical portion. In the upper specimen the section is somewhat more median than in the lower, in order to open the horizontal semicircular canal and the aquæductus Fallopii. It will be observed that in the lower specimen the tubercle (*H*) containing the semicircular canal is more lateral than the hard ridges of bone below it (*N*) containing the facial canal. In the upper specimen the stapes is in the oval window, and the topography of the inner walls of the tympanum, the aditus, and the mastoid antrum is well shown in the lower figure. (From photographs of specimens belonging to the writer.)

Digitized by Google

The suppuration has ceased. The man hears my watch at about 3 feet. Through the meatus it is possible to inspect all parts of the middle ear, which is apparently completely lined with epidermis. This epidermis will probably exfoliate, and from time

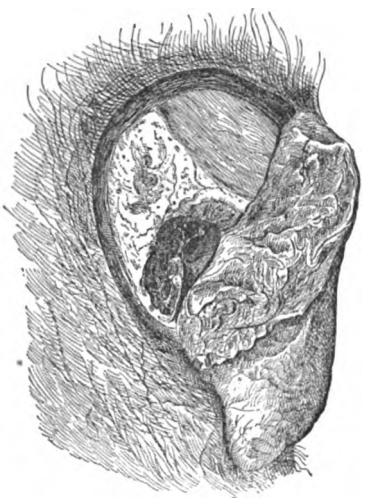


Fig. 5.—The radical mastoid operation. The auricle has been turned forward and the cartilaginous meatus detached from the bony meatus. The scute and the posterior wall of the meatus have been chiseled away in order to convert the mastoid antrum, aditus, attic, and atrium into a single large cavity, all parts of which will be easy of inspection and access through the canal when the auricle and cartilaginous canal have been returned to their normal position. In the specimen the malleus and incus have been allowed to remain and are somewhat dimly seen in the figure. (From a dried preparation in the writer's collection.)

to time epidermal scales and dirt of various kind will require removal. This, however, can readily be accomplished; and, with a very little care, our patient's hearing will probably always remain good and his ear free from suppuration.

IRRITABLE BLADDER.[1]

By Ellwood R. Kirby, M.D.,

Clinical Professor of Genito-Urinary Surgery in the Medico-Chirurgical College; Visiting Surgeon to St. Mary's Hospital.

Gentlemen: The case which I shall present to you to-day is one of considerable interest from the fact that the symptom of which he complains is one common to many genito-urinary conditions.

[1] A clinical lecture delivered to the third- and fourth- year students of the Medico-Chirurgical College.

You will note from his history that the most pronounced symptom is frequency of micturition: commonly, but incorrectly, called irritability of the bladder.

The term "irritable bladder" has been used to express a disease rather than a symptom; hence some confusion has arisen in the application of therapeutics to the condition upon which this perverted function depends.

Irritability of the bladder is understood to mean that the act of micturition is performed unnaturally often. I shall not attempt to qualify this somewhat broad definition by any statement as to the number of times a healthy person should urinate during twenty-four hours, as there are variations dependent upon circumstances and individual peculiarities which would make such an attempt almost ridiculous. Therefore, unless a person is, in some manner, inconvenienced by the frequency of the act, I hold that he is not suffering from vesical irritability.

Irritability of the bladder may be caused by one or other and sometimes more than one, of the following conditions: Nerve-habit, reflex action; structural changes, including tumors and calculi; and, finally, abnormal states of the urine.

In the study of any given case of vesical irritability, permit me to call your attention to an important point: carefully and systematically consider these headings; you will then probably succeed in doing that which others have failed to elucidate. If you do not study these cases in some such methodical manner, it is not at all improbable that you will miss your mark, and will then be obliged to fall back on empiricism.

Now, you may possibly ask: what do I mean by nerve as determining an irritable condition of the bladder? I mean just what you do when you make use of the term in its ordinary acceptation: "a nervous man." You will find a certain proportion of cases of vesical irritability simply due to this condition. It is a common complaint among students when about to enter the "green room" to pass their examinations.

Irritability of the bladder dependent upon reflex action is most commonly met with in children and young persons. Illustrations of this class are furnished by the irritability that occasionally attends the presence of intestinal worms. In the young, particularly, and even in those of a

Digitized by Google

more advanced age, a constant desire to urinate may be kept up by an elongated or adherent prepuce. The retention and decomposition of the smegma, by setting up inflammation, indicates this as the probable cause.

Certain forms and stages of purely renal affections frequently give rise to this symptom. Whether, in these instances, the irritation is merely reflex or is directly due to some alteration in the urine is an inquiry I do not intend entering upon; it is sufficient here to remember that such may be the cause, whatever may be the explanation.

Passing to the bladder, we find that in some period of their course all growths give rise to irritability in addition to other symptoms indicating their presence. In the early stages the irritability is probably mechanical in its origin, and in the later stages to cystitis or secondary calculous formation. Similarly, irritation is provoked by enlargement of the prostate, particularly in the early stages of the disease. The irritability connected with prostatic engorgement shows itself chiefly at night. The patient may be perfectly well during the day; but, as soon as he gets into bed, he experiences a desire to pass water, which further disturbs his rest by provoking another call after intervals of varying extent. It is very difficult to explain some of the forms of irritable bladder that are connected with prostatic hypertrophy. I believe, however, that it is more mechanical in its production than is generally supposed.

Irritability of the bladder in children and adults is a common symptom of stone, although it varies much both in kind and degree. It is simply due to the mechanical irritation occasioned by the presence of the stone in contact with the neck of the bladder; hence this symptom is most pronounced during the day, and more or less absent at night, because, with the patient in the recumbent posture, the stone naturally falls away from the vesical neck.

Stricture of the urethra is not uncommonly attended with some degree of irritability. This arises at first from the change in relation between the expulsive efforts of the bladder and the resistance offered by the urethra; afterward from the extension of inflammation backward by continuity until the vesical neck is involved from cystitis; and, finally, from atony of the bladder with the presence of residual urine. In these cases the irritability is worse by day, as in the case of calculus.

I will now finally consider the irritability that is due to altered and abnormal states of the urine. The secretion least irritating to the urinary passages is that which most nearly approximates that which we have taken as a healthy standard. The low specific gravity of the urine that is passed so frequently and abundantly by hysterical females no doubt causes the vesical irritability from which they invariably suffer. Water is more irritating to those passages of the body over which it is not intended to flow than a saline solution of some density.

The abundance of urates and oxalates undoubtedly explains the extreme irritability of the bladder seen in gouty and dyspeptic objects.

The treatment of frequent urination is founded on the detection and removal of the cause.

There is, however, one form of frequent urination which, apparently, is purely functional. In the absence of urethral lesions or pathological conditions of the urine the patient is unable to retain his water more than one or two hours at a time. The desire to urinate, if not immediately gratified, becomes irresistible. The bladder is completely emptied at each act of micturition. There is usually moderate polyuria.

This condition may be due to masturbation, may follow sexual excess or prolonged sexual excitement, or it may develop without apparent cause.

The treatment of this purely functional frequency is at first mainly hygienic and dietetic. Since the desire is often not felt when the mind and body are actively engaged, riding the bicycle seems particularly serviceable, both for its direct effect and for its general influence on the health. All causes of prostatic congestion or hyperæsthesia must be removed. Sexual excesses, prolonged sexual excitement, and constipation are to be avoided carefully. Cold water should be applied daily to the anus and perineum. Hæmorrhoids should be cured, a redundant foreskin removed, varicocele relieved by suspensory or radical operation; in fact, every possible cause of reflex excitability should receive attention.

The local treatment has for its object the relief of hyperæsthesia and congestion

Digitized by Google

of the prostatic urethra. This is accomplished by the use of full-sized, cold, steel sounds; the direct application of electricity; instillations; and prostatic massage.

The medicinal treatment should be confined, in the main, to constructives, tonics, and stimulants. Hyoscine, in doses of $^1/_{200}$ grain thrice daily, and belladonna suppositories, $^1/_3$ grain each, give the best results.

It should be clearly recognized that this affection, when it has been of long standing, is extremely obstinate to treatment, and that cure, if it can be accomplished at all, is at the expense of months of patient, and not too officious, treatment.

In conclusion, permit me to call your attention to the fact that, although an irritable bladder may be purely a functional disturbance, you must not forget, however, that the constant contraction of the bladder may produce changes behind it, which follow as a consequence of urinary pressure. I refer to dilatation of the ureter and pelvis of the kidney.

1508 Spruce Street,
Philadelphia.

Original Communications.

NOTES ON SKIN DISEASES.

By John V. Shoemaker, M.D., LL.D.,
Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Sycosis.

A man, 26 years of age, came to the clinic on account of an eruption upon the face. The disease is strictly confined to the bearded portion of the face and neck. He depends upon a barber, and the skin became affected a few days after being shaved. The eruption began in the form of small, round, red spots. These caused much pain and itching. They rapidly grew in size and became filled with pus. He squeezed the pustules, but this practice aggravated the trouble. At the present time there is, upon the neck below the jaw, a series of large pustules and tubercles. The skin is red, swollen, and infiltrated. There is also a number of enlarged lymphatic glands in the neck.

The hairs are normal. They are free from a stubbly or nibbled appearance. The lesions are not arranged in circles or semicircles.

This disease is known as sycosis, and consists of an inflammation of the hair-follicles. It commonly attacks only the face, but may occur upon any part of the body provided with hair. Sycosis begins in the form of one or more papules, which are often more or less rapidly converted into pustules. Some increase to the size of tubercles. Adjacent lesions may or may not coalesce. The pustules do not rupture unless the inflammatory process is rather severe. In some cases, however, the skin becomes riddled with little abscesses and the hairs are matted together by the viscid discharge.

Sycosis is sometimes termed non-parasitic in order to distinguish it from sycosis parasitica, or barbers' itch. The latter is due to a definite microphyte, the trichophyton fungus, and is the disease which is transmitted by unclean tonsorial utensils. In this man's case the disease has no such direct dependence upon the barber-shop. Shaving may act as a source of irritation, but no specific parasite acts in conveying contagion. An important clinical distinction between sycosis and tinea barbæ relates to the respective effects upon the hair. In sycosis the hairs remain fixed in their follicles until loosened by suppuration. They retain a normal appearance except as they may become matted together by inflammatory material. In barbers' itch they lose their lustre, become dry and brittle, and break soon after they emerge from their beds. This gives a ragged, nibbled, or stubbly appearance to the affected spots: an aspect found in no other disease.

Pustular eczema may attack parts supplied with hair and simulate sycosis, but eczema spreads from a hairy part to a surface destitute of that covering. The perforation of the lesions by hair is distinctive of sycosis. In eczema the hairs very seldom become loosened.

Sycosis is generally associated with a depressed condition of health. When this is the case we should aim, by hygienic and medicinal means, to improve the functions of digestion and assimilation. Massage and static electricity are beneficial.

Mild local treatment will usually yield better results than active medication. If the hair is long it may be trimmed short, but it is not necessary to have the patient shaved. Crusts, if present, may be removed by the use of an oil. When the surface has been cleared we may make use of various

Digitized by Google

antiseptic, astringent, or demulcent remedies, according to the activity of the disease. They may be employed as ointments or lotions. Lead, bismuth, zinc, calomel, and ammoniated mercury are among the substances often prescribed with benefit. Lotions are used either warm or cold according as one or the other is most grateful to the feelings of the patient. Lead-water and laudanum, weak solutions of acetate of zinc, corrosive sublimate, and witch-hazel are remedies which are employed with success.

In the later stage of the affection, when a chronic inflammation lingers and infiltration is present, it is well to make cautious use of more stimulating substances, as tar, carbolic acid, resorcin, salicylic acid, etc. When there is much engorgement and suppuration, incisions with the use of hot water to encourage bleeding answer an excellent purpose.

In private practice the local use of strong galvanism is the treatment to be preferred. The present patient shall be given internally the wine of antimony, which stimulates the glands of the skin, the liver, and *primæ viæ* and relaxes the capillary blood-vessels. It shall be administered in 5-, increasing to 10-, drop doses four times a day.

Locally he shall use

℞ Olei cadini, ʒj.
Unguenti hydrargyri nitratis, ℥j.
Acidi carbolici, xx minims.
M. ft. unguent.

The quantity of oil of cade in the ointment may be gradually increased to 2 or 3 drachms.

Acne.

A woman, 25 years of age, has suffered for six years past from red papules scattered over the forehead, cheeks, and chin. Her skin is harsh, dry, and irritable. Occasionally the eruption disappears. The lesions upon the cheeks are quite closely aggregated. A few pustules are also present. Upon her chin, just below the angle of the mouth upon each side, the papules are particularly large.

The tongue is coated, the bowels constipated, the appetite capricious, and the digestion is seriously disordered. The action of the liver is defective.

The long duration of the case, the sluggish course of the eruption, the periods of temporary improvement, and the limitation of the disease to the face preclude the idea of syphilis. In so late a case of syphilis we should observe larger and more destructive lesions. There would be ulcerations and the formation of thick crusts. There would probably be found cicatrices upon different portions of the body indicative of the former presence of ulcerated lesions. Neither the history of the case nor the aspect of the eruption suggests the influence of syphilis. In eczema of the papular form there is infiltration of the skin between the papules.

The locality affected and the age of the patient indicate that the case is one of acne. This is an inflammatory affection which involves the sebaceous glands. It, therefore, occurs most frequently and typically upon the face, as the sebaceous glands are there most abundant. Acne generally commences in youth, especially at the period of puberty. Its lesions usually consist of papules and pustules, though tubercles may form and the spots of suppuration may be of sufficient dimension to constitute abscesses of the skin. Papules and pustules usually co-exist in cases of acne. According to the predominance of one or the other it is customary, for convenience of description or classification, to speak of papular or pustular acne. Aggravated cases of the disease give rise to hypertrophy of the sebaceous glands, with roughness and greasiness of the skin. Acne sometimes occasions cutaneous atrophy. In anæmic and scrofulous patients the lesions are of a dark-red or purple color, extremely indolent, and are often situated upon the trunk or extremities.

Acne is often co-existent with comedo and seborrhœa.

It is produced by internal or external causes of irritation. The use of irritant soaps and cosmetics and the effect of chemicals employed in industrial occupations are apt to cause this disease. As a rule, however, it is due to some internal cause. The physiological changes which take place at puberty are very commonly attended by the development of this malady. At a later date disorders of the genital apparatus in either sex give rise to the lesions of acne.

Digestive disturbances of all kinds are very prone to occasion acne. This is undoubtedly the origin of the present case.

In any patient affected by acne we must, consequently, direct our treatment particularly against its exciting cause. Local treat-

Digitized by Google

ment of the skin may render valuable assistance, but cannot alone effect a cure if the underlying cause of the affection is allowed to continue in operation. The bowels must be regulated, torpor of the liver must be overcome, and the sources of auto-infection be neutralized. The diet, also, should be supervised. The presence of undigested food in the alimentary canal will frequently excite or aggravate a case of acne.

In the present case, in view of the hepatic torpor and gastro-intestinal trouble, the patient shall be given a pill composed as follows:—

℞ Calcii sulphidi, gr. ss.
Extract. belladonnæ, gr. $^1/_{10}$.
Extract. nucis vomicæ, gr. $^1/_{10}$.
Extract. gentianæ, gr. ss.
Extract. taraxaci, gr. j.

M. ft. pilula No. j. Mitte tales No. xxx.
Sig.: Three or four such pills to be taken during the day.

The use of hot water upon the affected part is serviceable in diminishing the inflammation. The water should be as hot as can be borne. When pustules are obstinately reproduced it is advisable to open them with the knife and scoop out their contents.

This patient shall be directed to sponge her face twice every day with hot water. In addition to this procedure the following ointment shall be applied to the face:—

℞ Acidi borici, ʒj.
Creasoti, v minims.
Betanaphthol, gr. v.
Unguenti zinci oxidi benzoati, ʒj.
M. ft. unguent.

Psoriasis.

A girl, 18 years of age, has an eruption upon the scalp, forehead, eyebrows, arms, and chest. Upon the upper part of the forehead it is disposed almost like a corona. There are red, infiltrated patches, covered with scales and separated by tracts of healthy skin. The disease has been in existence for more than six years. The rash is the seat of some itching.

When the cutaneous affection began the girl was in good health. She had been troubled by "growing pains," but these did not occasion her much trouble. She now suffers at times from rather severe pain in the knees and legs. At times the eruption has been more plentiful than it is at present. It is most marked upon the face and scalp. The latter is covered with crusts in which the hair is entangled. If the disease continues unchecked the hair will begin to fall. It is now a luxuriant growth and its loss would be a serious misfortune.

The patient's tongue is clear, but her pulse is weak, her hands are cold, and her circulation is impaired.

The differential diagnosis of this case is between psoriasis and syphilis. Psoriasis is an inflammatory disease of the skin, marked by hypertrophy of the epithelial layers and formation of scales. It begins as isolated papules, between which the integument is unaffected. The normal papillæ are enlarged and consecutively the horny layer is hypertrophied, and this is the source of the characteristic scales. As the disorder progresses, adjacent papules coalesce, and this junction results in patches of infiltration. The process is always dry from the beginning to end. The itching varies, disappearing at times, again to reappear.

The syphilide most similar to the lesion of this case would be of the large papular variety. These occur in groups and, as a rule, are rather more pointed than the papules of psoriasis. Moreover, a syphilitic rash is polymorphous. Though the large papule might be the most numerous, it would scarcely be the only lesion of a syphilitic case. We can generally obtain a more or less distinct history in syphilis, probably of the original infection, but, at any rate, evidence indicative of the orderly march of the disease. The color of a syphilitic rash is also of diagnostic importance. Furthermore, after the absorption of syphilitic papules deep pigmentation long remains to mark their former sites.

In a case of psoriasis we have generally present initial papules in conjunction with large patches. Between both papules and patches the skin is healthy. The scales are usually of a silvery aspect and are firmly attached. Circles, semicircles, and serpentine figures are sometimes produced in psoriasis by the fading of the centres of patches and coalescence of adjacent borders.

A feature of some value in the diagnosis of psoriasis is its point of origin. It very commonly begins upon the back of the elbows or immediately below the knees. Not infrequently these are the only regions involved. Next to these situations it manifests itself upon the scalp.

Digitized by Google

This patient is subject to rheumatic pains. Her urine contains an excess of uric acid and urates. The rheumatic or gouty diathesis is a very frequent cause of psoriasis. In such cases it follows that we must address our treatment to the condition of the general system which underlies the affection of the skin. Local measures are of little comparative importance as long as the state of the blood is not corrected. Antirheumatic remedies must be continuously and systematically administered.

For this patient there was ordered

℞ Salicin, gr. iiss.
Salolis, gr. iiss.
Ol. gaultheriæ, $^1/_{10}$ minim.
Podophyllotoxin, gr. $^1/_8$.
M. ft. capsula No. j. Mitte tales No. xl.
Sig.: One capsule four times daily.

This combination stimulates the liver and intestinal glands.

The use of oil, as olive- or codliver- oil, externally will loosen the scales and cause them to fall.

THE TREATMENT OF HÆMORRHOIDS BY THE CLAMP AND CAUTERY.

By Ernest Laplace, M.D., LL.D.,
Professor of Surgery and Clinical Surgery in the Medico-Chirurgical College; Surgeon to the Philadelphia and St. Agnes's Hospitals.

In view of the fact that there is no disease more ancient or more wide-spread than hæmorrhoids; none which can, for a long time, give such discomfort; and none more tedious and acutely painful, it becomes of the utmost importance to decide which course of treatment presents the most direct and safest chances of permanent recovery. The disease is exceedingly prevalent in this country, where excessive mental strain and activity in business engagements often predispose to habits of constipation, which is a direct cause of this trouble. On the other hand, while afflicting many persons, they often do not deem it of sufficient importance to consult their medical advisers. They are content in applying home remedies, or some nostrum or quack medicine, which, by failure to produce the desired result, allow them to remain sufferers for years. Some imagine that the disease is incurable, while others would consult their family physician, but are ashamed to submit to an examination. It is not our purpose in this paper to discuss the etiology, progress, and differential diagnosis of this painful condition. We do, however, mean to review briefly the pathological condition which exists, both in the varieties known as internal and external hæmorrhoids, and thereupon base our reason for preferring the cure by the clamp-and-cautery operation. There is always a predisposing cause, resulting in the congestion and dilatation of the hæmorrhoidal veins of the rectum. The general compression of these veins by hardened fæces is possibly the most frequent cause; at all events, a varicose condition takes place of the venous, as well as the arterial, capillaries, forming a soft mass, only covered by the delicate mucous membrane. This mass naturally acts as an impediment to the passage of fæces, which, in its turn, mechanically irritates and excoriates it, leading to hæmorrhages, at first slight, and subsequently more copious. Often a slightly-ulcerated surface remains upon the hæmorrhoid, which may be a source of infection. Such a condition can be localized in one spot of the rectum only, or may exist in different places around the circumference of the gut, giving one or more so-called hæmorrhoidal tumors. Leaving all anatomical peculiarities aside, and looking at the hæmorrhoidal tumor as a pathological condition, we find that it differs in nothing from an arterio-venous angioma. That being the case, we take it that the same method of treatment would be applicable to its removal as is found most successful in angioma elsewhere on the body. I will not discuss the claims of the very many methods of treatment that have been proposed for the relief of internal hæmorrhoids. Palliative treatment, consisting of enemas and ointments of an astringent character, is found to give relief in cases of minor importance only, and do not, in any way, promise a cure of permanent character. The operative treatment has for its purpose the direct obliteration of the hæmorrhoidal tumor. Therefore it seems to us that *that* method is a superior one which procures a direct obliteration of the hæmorrhoid, and, at the same time, exposes the patient to the least amount of risk. Aside from the pain and distress which accompany every case of hæmorrhoid, the two dangers which beset the patient are constant hæmorrhage and danger from sepsis.

Digitized by Google

We will now analyze the various operative procedures as regards these two dangers:—

The method by injection consists in introducing with an hypodermic syringe into the hæmorrhoid a solution of some chemical irritant (such as chloride of zinc or carbolic acid). This is supposed to produce an aseptic irritation, followed by diapedesis, and the subsequent formation of fibrous tissue, which would shrivel up the hæmorrhoidal growth, and constitute a cure. The ligature consists in strangulating the hæmorrhoid with an aseptic thread, so as to make it slough off, leaving an ulcerated pedicle to heal. The crushing operation virtually transforms the hæmorrhoid into a dead mass of tissue, by the mechanical process of crushing, which mass sloughs off, and leaves an ulcerated surface. Whitehead's operation, which is difficult to perform, and which consists in removing the hæmorrhoid with a knife by a circular resection of the mucous membrane of the rectum, is a tedious procedure, and leaves a raw surface, exposed to hæmorrhage and infection. All these methods, while achieving the desired result in a majority of instances by obliterating the hæmorrhoid, do not protect the patient from two great dangers which beset him after the operation; that is, a hæmorrhage from the seat of the operation and the infection of the spot by micro-organisms.

The clamp-and-cautery operation, however, seems to present all of the advantages of the methods described above, and, likewise, an assurance against subsequent hæmorrhage and infection of the affected parts. This operation was originated by Cusack, of Dublin, and subsequently popularized by Smith, of London. It holds undisputed sway in England and Germany, and seems to us in every way worthy of the same popularity in this country.

The operation combines the principles of crushing, whereby the smaller blood-vessels are obliterated, and also the highest application of the principle of asepsis, whereby the crushed surface is cauterized until carbonization by means of the Paquelin thermocautery; the sphincter ani is paralyzed by overdistension with two thumbs, the hæmorrhoidal tumor is caught with a forceps, and the clamp is applied at the base of the tumor. The clamp that we use is the one devised by Languenbeck, which offers a wide, flat surface, and the teeth of which form deep corrugations, thereby effectually crushing the blood-vessels of the tumor. There is no ivory non-conductor of heat connected with it; this disadvantage is overcome by the introduction of a piece of wet gauze under the clamp, otherwise the heat conducted by the clamp might burn and injure the surrounding tissue.

An hæmorrhoidal mass is resected with a scissors; the protruding stump on the forceps is slowly and carefully cauterized with the blade of the thermocautery. Care must be taken, however, that the cautery be not at white heat, for then it would cut almost as sharply as a knife. On the contrary, the blade of the cautery must be at a dull black heat, so that it will rather char and carbonize the stump. This cauterization is continued until the tissues are charred to the level of the clamp. The clamp is then removed and nothing but a white, linear scar appears where the hæmorrhoid was. This process is repeated with all the hæmorrhoids present, save, perhaps, with one smaller hæmorrhoid when a number have already been removed. We can expect a certain amount of retraction to take place following upon the operation; the resulting contraction of the mucous membrane would cause the obliteration of the remaining hæmorrhoids, and in this way obviate the possibility of a contraction of the rectum, around the seat of operation. In applying the clamp, care should be taken, also, that it be placed in a direction parallel with, but not transverse to, the rectum. In the first instance the resulting contraction of the scar has a tendency to shorten the length of the rectum and widen its calibre, while, should the clamp be put in a transverse direction, the resulting scars would have a tendency to form a circle and thereby narrow the calibre of the rectum.

While no pain follows the operation, and the symptoms complained of by the patient are relieved, I am, however, in the habit of applying the following ointment to the parts immediately after the operation, and continue its use for eight days subsequently. It consists of

℞ Atrop. sulph., gr. j.
Cocaine sulph., gr. j.
Tinct. ferri chlor., gtt. xxx.
Vaselin, ℥j.—M.

The anæsthetic and gently astringent effect of this ointment exercises a soothing influence upon the patient. Twice a day

Digitized by Google

an enema of warm flaxseed-water is administered. On the sixth day the patient is allowed to attend to his ordinary occupations.

In cases of external hæmorrhoids the sphincter is first paralyzed by dilatation; an incision is made in the hæmorrhoidal tumor, the clots turned out, and, should the remaining tissue appear at all redundant, it is resected in the same manner as an internal hæmorrhoid with the clamp and cautery. Should the tissue not be redundant, the parts are smeared with the same ointment mentioned above.

According to this method, we have, during the last ten years, treated 175 cases of hæmorrhoids, and have not had the slightest accident, in any instance, from hæmorrhage or sepsis. The cases were: in males, 110; in females, 65. These ranged from 22 to 80 years of age; number of hæmorrhoids excised ranged from 1 to 6. In 10 cases the proportion of hæmorrhoidal tumors almost amounted to prolapsus of the rectum. Large masses of mucous membrane were removed by clamp and cautery, applied parallel with the length of the gut, and in every instance the result was gratifying. Should a case of hæmorrhoids, upon examination, present a history of syphilis, it is well to substitute the mercurial ointment for the vaselin in the usual ointment mentioned above. The mercury will exercise a healthy local effect, and permit the healing process.

In view of these most satisfactory results, we claim that the operation here advocated is as safe, if not safer, than any of the other methods employed, and certainly will give results that leave nothing to be desired. It appears to us as rational and fulfilling the indications better than the other procedures; we, therefore, unhesitatingly advocate it in all those instances where operative intervention is indicated. In 5 cases we operated without the use of an anæsthetic; cocaine was introduced in different places around the margin of the sphincter ani; so that dilatation of the sphincter ani was almost painless. Cocaine (5 per cent.) solution was applied to the hæmorrhoids, and clamp and cautery was used as described. Very little pain was experienced by the patient under these circumstances. However, we do not adopt this method of treatment except there be positive objection on the part of the patient to take a general anæsthetic. In no instance has a patient returned to us with a relapse; a few months after operation an examination reveals a perfectly smooth surface, with here and there a little rough ridge, which indicated the spots where the clamp and cautery were used for the removal of the hæmorrhoids. The ease of the operation, its safety, and the comfort which follows its performance should commend it to all sufferers from this annoying and painful condition.

ARCHÆOLOGY OF THE WEST COAST OF FLORIDA.

By George A. Hewitt, M.D.,

PHILADELPHIA.

From the anthropological stand-point it is impossible to overestimate the importance of Mr. Cushing's discoveries upon the artificial keys of the gulf-coast of Florida. They raise the questions of the origin of the key-dwellers; of their culture, art, and habits; their relation to the Indian tribes of the main-land, and to the mound-builders of the North. These inquiries necessarily involve the exploration of an immense field of study. They, therefore, constitute a distinct forward step in our knowledge of prehistoric life upon this continent.

Archæology, ethnology, anthropology, palæontology,—these are imposing names, and the average visitor to Florida may naturally regard them as indicative of dry, intricate, and impracticable subjects. Though the interpretation of structures and relics is not at once obvious, yet the general subject is far from dry. The difficulties encountered in finding relics and forming an idea as regards their meaning or their use serves surely to stimulate an interest in the matter. For they lead us directly to the life of man, and this is a subject which can never lose its interest.

In our active every-day life, in the round of our business or professional pursuits, few can command the leisure to consult learned volumes upon what, at first view, seem abstruse investigations. There is, however, a vast difference in every branch between closet-study and direct interrogation of nature or examination of specimens. Who can become an anatomist through perusal of a book? How can one learn chemistry without work in a laboratory? How can

Digitized by Google

we study botany or geology without inspecting stones, rocks, and flowers?

The same rule applies to the relics of human life of many centuries ago. Let the visitor to St. Petersburg take a trip to one of the mounds or keys in the neighborhood. The excursion will, at the very least, be a healthful pursuit. Let him look closely at the arrangement of the shells, let him have the fortune to find some object or objects which evidently could only be made by human hands, and he will be quick to manifest an interest in the subject. In this manner the foundation of an intellectual taste is often laid and together with improved health the visitor may carry away from St. Petersburg a cabinet of relics and an awakened or strengthened pleasure in the pursuit of some study not directly connected with his usual habits of life.

Colonel Shanklin, of Trenton, Mo., for some time an annual visitor to St. Petersburg, in his letters to his home journal, dwells often on the pleasure which he derived from shell-hunting upon the beaches of the Pinellas Peninsula and the adjacent keys. Much of his time was spent in this manner. Some of the sojourners in this vicinity will find as keen a zest in unearthing specimens made and used by man in a remote antiquity.

This whole subject of the key-builders and key-dwellers, with all that it involves, dates to an accidental discovery, three years ago, by Capt. C. W. B. Collier, of Key Marco, which is some distance to the south of the Pinellas Peninsula. Early in the spring, while digging garden-muck in a mangrove swamp, he encountered several ancient wooden articles and some pieces of netted cordage. Although these were not, at once, recognized as of human workmanship, other relics which were soon brought to light established their artificial origin beyond doubt. The explorations conducted during two seasons by Frank Hamilton Cushing were the ultimate consequence of these reports. Mr. Cushing examined numerous keys along the coast as far north as Tarpon Springs.

The most valuable antiquities were found imbedded at various depths in the muck deposit of the keys. As pointed out by Professor Putnam, their location was a fortunate circumstance, inasmuch as the same objects, if buried in a sand-mound or lost in a shell-heap, would have perished. Mr. Cushing has very carefully studied the topography of the keys, the various objects of art and industry which he exhumed, has compared them with the remains found in the mounds of shell or sand, and has deduced many interesting conclusions relative to the life and customs of these aborigines of the far-distant past.

A short description of some of the most important objects in Mr. Cushing's collection will be given in a succeeding paper.

(*To be continued.*)

ANIMAL EXTRACTS.

By Isaac Ott, M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

Thymus.

REFLEXES.

Powdered thymus subcutaneously reduces the reflexes.

A section removing the influence of the entire brain does not alter the result.

Powdered thymus subcutaneously reablated; H_2SO_4 reflex.

Time, P.M.		Met.
5.10		15
5.11	inj. of 1 gr. of thymus powder	
5.15		13
5.20		18
5.25		20
5.30		16
5.35		26
5.40		16
5.45		16

Experiment 70. Frog; cerebrum ablated.

Time, A.M.		Met.
9.29		12
9.30	inj. of 1 gr. of thymus powder	
9.35		26
9.40		8
9.45		13
9.50		15
9.55		10
10.00		19
10.05		14
10.10		17
11.15		17

Experiment 71. Frog; brain cut off; H_2SO_4 reflex.

Time, A.M.		Met.
10.39		7
10.40	inj. of 1 gr. of thymus powder	

Digitized by Google

10.45		7
10.50		6
10.55		9
11.00	does not react to H_2SO_4 nor to pinching.	

EXPERIMENT 72. Frog; brain cut off; H_2SO_4 reflex.

Time, A.M.		Met.
11.10		10
11.11	inj. of 1 gr. of thymus powder	
11.15		11
11.20		11
11.25		10
11.30		9
11.35		8
11.40	reaction very feeble	7

EXPERIMENT 73½. Rabbit; jugular prepared.

Time, A.M.		Pulse.	Pressure.
10.11.00		77	114
10.11.15	½ gr. thymus	73	116-111
10.12.00		77	110
10.13.00		76	112
10.14.00		76	112
10.14.15	½ gr. thymus	74	112
10.15.00		78	113
10.17.00		78	112
10.18.00		77	118
10.18.15	½ gr. thymus	74	115
10.19.00		77	115

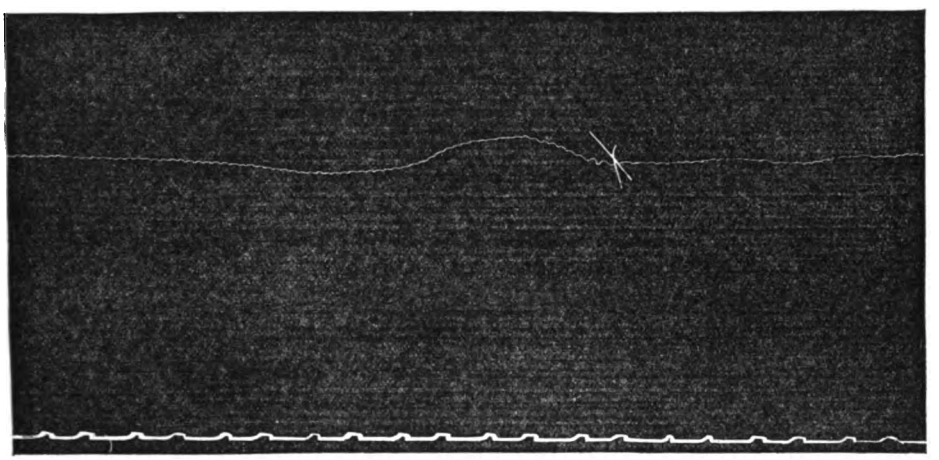


Fig 7.—Injection, per jugular, of ½ grain of thymus. Star denotes time of injection.

CIRCULATION.

Powdered thymus caused the pulse to increase its rate and the blood-pressure momentarily to rise, but soon to fall considerably (Fig. 7).

EXPERIMENT 73. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
3.00.00		72	140
3.00.15	inj. of ½ gr. of thymus	71	150-130
3.00.45	inj. of ½ gr. of thymus	76	135
3.02.00		75	140-130
3.02.15	inj. of ½ gr. of thymus	77	120
3.02.30		75	130-116
3.04.00		74	116
3.05.00		74	116
3.06.00		74	120
3.07.00		75	120
3.08.00		77	120
3.09.00		72	124
3.10.00		72	130-116

RESPIRATION.

The thymus causes the respiration to increase.

Section of vagi does not alter the result.

EXPERIMENT 74. Rabbit; etherized; jugular prepared; tracheotomy.

Time, P.M.		Respiration.
4.12.00		64
4.12.15	inj. of ½ gr. of thymus	60
4.12.30		64
4.13.00		62
4.14.00		64
4.15.00		72

Digitized by Google

4.16.00		69
4.16.15	inj. of $^1/_2$ gr. of thymus	69
4.16.30		71
4.17.00		70
4.18.00		69
4.19.00		70
4.23.00		71
4.24.00		68
4.24.15	inj. of $^1/_2$ gr. of thymus	75
4.25.00		71
4.26.00		72
4.26.15	inj. of $^1/_2$ gr. of thymus	74
4.26.30		73
4.27.00		70
4.28.00		68

TEMPERATURE.

Thymus causes a slight increase of temperature, but the increment is not beyond the normal variant.

EXPERIMENT 76. Rabbit; drug administered subcutaneously.

Time, P.M.		Temperature.
2.05		101.6°
2.10		101.8°
2.15	inj. of 1 gr. of thymus	
2.20		102.3°
2.29		102.3°
2.40		102.2°
2.45	inj. of 1 gr. of thymus	
2.50		102.7°
3.00		102.6°
3.07		102.3°

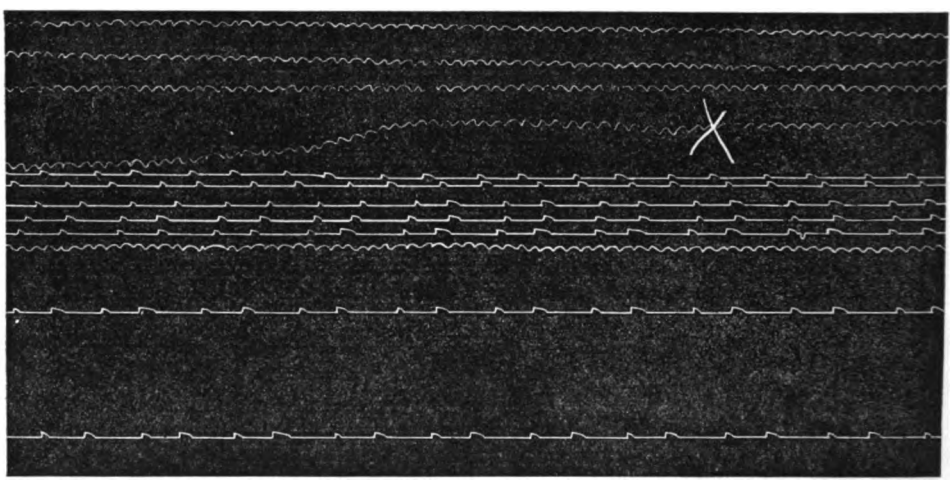


Fig. 8.— Effect of injection of ½ grain of pancreatic filtrate. The cross denotes time of injection.

EXPERIMENT 75. Rabbit; etherized; jugular prepared; tracheotomy; vagi cut.

Time, A.M.		Respiration.
10.11.45		80
10.12.00	inj. of $^1/_2$ gr. of thymus	76
10.13.00		82
10.14.00		76
10.14.45		78
10.15.00	inj. of $^1/_2$ gr. of thymus	77
10.16.00		80
10.17.00		80
10.20.00		80
10.21.00		77
10.21.45		82
10.22.00	inj. of $^1/_2$ gr. of thymus	80
10.23.00		84
10.23.45		77
10.24.00	inj. of $^1/_2$ gr. of thymus	75
10.25.00		69
10.26.00		61

PANCREAS.

CIRCULATION.

The effect of the pancreas upon the circulation was as follows: It decreased the pulse. It also depressed the pressure of the blood in the arterial system (Fig. 8).

EXPERIMENT 77. Rabbit; etherized; jugular prepared.

Time, A M.		Pulse.	Pressure.
9.10.00		62	80
9.10.15	$^1/_2$ gr. pancreas	57	50
9.10.30		53	50
9.11.30		57	50
9.12.30		59	60

Digitized by Google

9.13.30		61	68
9.14.30		61	68
9.17.00		55	88
9.18.00		56	80
9.18.15	1/2 gr. pancreas	53	60
9.18.30		54	58
9.20.30		56	68
9.21.30		54	76
9.23.30		54	78
9.29.00		57	85
9.29.15	1/2 gr. pancreas	51	70
9.30.00		50	70
9.31.00		54	78
9.32.00		54	86
9.33.00		53	88

EXPERIMENT 77¼. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
4.11.00		73	92
4.11.15	1/2 gr. pancreas	71	60
4.11.30		C6	55
4.13.00		69	78
4.14.00		70	80
4.17.00		68	87
4.18.00		71	85
4.18.15	1/2 gr. pancreas	68	66
4.18.30		70	60
4.19.15		74	66
4.20.00		69	72
4.25.00		66	78
4.26.00		67	82
4.26.15	1/2 gr. pancreas	65	50
4.26.30		63	54
4.27.00		62	54
4.28.00		66	64

TESTICLE.

CIRCULATION.

The effect of the filtrate of the dried testicle upon the circulatory apparatus was to lower the pulse; the arterial tension was slightly increased.

EXPERIMENT 78. Rabbit; etherized; jugular prepared.

Time, P.M.		Pulse.	Pressure.
2.15.00		56	72
2.15.15	1/2 gr. testicle	52	74
2.16.00		49	72
2.17.00		50	74
2.18.00		49	74
2.20.00		47	86
2.20.15	1/2 gr. testicle	46	86
2.21.00		45	80
2.22.00		45	79
2.23.00		45	82
2.24.00		45	82

EXPERIMENT 79. Rabbit; etherized; jugular prepared.

Time, P M.		Pulse.	Pressure.
2.20.00		69	74
2.20.15	1/2 gr. testicle	69	80-70
2.21.00		69	74
2.23.00		74	74
2.24.00		74	74
2.24.15	1/2 gr. testicle	71	82-76
2.25.00		75	76
2.26.00		74	78
2.28.00		75	78
2.28.15	1/2 gr. testicle	68	84-72
2.29.00		74	78
2.31.00		75	78
2.31.15	1/2 gr. testicle	70	86-76
2.32.00		73	80

PHYSIOLOGICAL LABORATORY,
MEDICO-CHIRURGICAL COLLEGE.

(*Concluded.*)

Abstracts.

Rhino-pharyngo-laryngo-scleroma.

At a meeting of the Laryngological Society of Berlin Dr. Schötz exhibited a patient, 21 years of age, born upon the Polish frontier, who, two months previously, had consulted him on account of cough, insufficient respiration, and fetid discharge from the nose. The posterior walls of the larynx and pharynx were covered by a dry secretion and the anterior portion of the left vocal cord was red and thickened. The upper part of the trachea was the seat of a falciform stricture, which was covered by a greenish-gray secretion. There was slight nasal atrophy, and upon the ala of the nose was a tumor the size of a bean. In the naso-pharynx were cicatricial bands near the orifices of the Eustachian tubes, the upper part of the septum of the nose was thickened, and behind it was a growth as large as a nut. The lower part of the posterior nares was covered by the velum palati, which was drawn upward by cicatricial bands. Potassium iodide was of no benefit. There was no evidence of syphilis. The tumor of the nose was removed. After removal of the tracheal stricture other spots of thickening of the epithelial membrane could be seen together with a nodule situated immediately above the bifurcation. Microscopical examination of the extirpated tumor

Digitized by Google

showed that the epithelium of the trachea was transformed into a flat and stratified membrane. Cells of Mickulicz and encapsulated bacteria characteristic of scleroma were also found.—Revue Hebdomadaire de Laryngologie, etc.

Cure of Addison's Disease by Administration of the Suprarenal Gland.

At a meeting of the Medical Society of the Hospitals M. Béclère exhibited a patient, 28 years of age, who, in addition to pulmonary tuberculosis, had, for three years, presented signs of Addison's disease. M. Béclère had treated the patient by means of suprarenal glands by the mouth and subcutaneous injections of a glycerin extract of the glands. The patient was improved and at the end of three years the pigmentation had almost entirely disappeared. The general condition was very good.

M. Widal also spoke of a case of Addison's disease in which decided benefit resulted from the same method of treatment. The debility disappeared, but the pigmentation was not lessened. The amelioration, however, was only temporary.

M. Hayem referred to a similar case, in which there was temporary relief without any change in the color.—Le Progrès Médical.

Incurable, Benign Paralysis of the Recurrent Nerve Consecutive to Measles.

At a meeting of the Medical Society of the Hospitals M. Lermoyez said that total paralysis of a recurrent nerve, placing a vocal cord in the cadaveric position, has in itself no gravity. It does not cause serious dyspnœa, for it scarcely reduces by a fourth the respired air of the glottis. It slightly modifies the voice, producing a little hoarseness. Nevertheless, the classics admit that paralysis of the recurrens is always of importance by reason of its symptomatic value: It is, in fact, one symptom of an almost invariably fatal disease,—aneurism of the aorta, cancer of the œsophagus, pulmonary tuberculosis, or tabes.

This classical prognosis, however, although it applies to the majority, does not include all cases. We may, in fact, as regards their symptomatic significance, distinguish three types of recurrens paralysis: 1. A serious and incurable form, the well-known classical type, which leads to death by nature of the lesions of which it is but a symptomatic manifestation. 2. Curable, benign recurrens paralysis, which departs, leaving no trace. 3. Intermediate between the two extremes is an incurable benign paralysis, compatible with an indefinite survival and which some authors, as Semon and Felici, erroneously consider a the inaugural manifestation of an approaching tabes.

The case which the speaker reported belongs to the third group. The patient was a woman, attacked by paralysis of the left recurrens, the beginning of which dated back twenty-seven years and occurred in childhood in consequence of a severe attack of measles. There was no disorder of the general health or dyspnœa, but only that false hoarseness which characterizes the bitonal voice together with, when she took cold, violent spasms of cough simulating pertussis. The presence of a zone of dullness in the left interscapulo-humeral region, with a little roughness of the respiration may explain the old paralysis. It is, in fact, probable that during the measles enlargement of a group of peritracheobronchial glands occurred upon the left side. This enlargement is a frequent complication of measles. Its indefinite survival is, however, less frequent. Duplay and Robin, as well as Lionville, have, nevertheless, reported cases of indefinite duration. In the speaker's case the persistence of the enlargement was undeniably proved by auscultation. Now, the group of glands surrounding the trachea and bronchi is in close relation with the origin of the left recurrent nerve, and it is, therefore, logical to admit that the nerve has been compressed by the glandular tumefaction, and that this compression has destroyed a segment of the nerve, and the result has been a laryngeal hemiplegia, incurable as its cause, but, like the latter, benign.

Cases of paralysis of the inferior laryngeal after measles are extremely rare. Two cases had only previously been reported: by Morell-Mackenzie and Masucci.—Le Progrès Médical.

Paroxysmal Expiratory Laryngeal Spasm.

MM. Noguès and Sibol have observed a nervous patient who presented a rather remarkable expiratory spasm. He was at-

Digitized by Google

tacked suddenly fifteen to eighteen times a day by a spasmodic contraction of the muscles of expiration, the diaphragm included. The contraction was preceded by a sensation impossible to define and referred to the entrance of the nasal fossæ. The patient then suddenly stopped, with half-closed eyes, congested face, blue lips, and an agonized expression. The crisis lasted twenty to thirty seconds, during which the patient made a prolonged expiration. There was no loss of consciousness and the crisis was followed by no fatigue nor heaviness of the head.

The first attack had occurred in consequence of strong emotion, and the disorder had been in existence for more than two years. Bromide had had no influence. The larynx was normal. The authors considered the case to be either hysteria with a single symptom or a phreno-glottism comparable to that which Bouchut has described under the same name in a child.—Revue Hebdomadaire de Laryngologie, etc.

Compression of the Pylorus by a Biliary Calculus Simulating Cancer.

At a meeting of the Medical Society of Hamburg Dr. Krause described the case of an obese woman, 63 years of age, who had suffered for several months with nausea, vomiting, and distension of the stomach. Blood had never been seen in the vomita. The stomach was greatly dilated, and descended below the pylorus. Upon palpation there was found in the region of the pylorus a tumor the size of a child's fist, movable, smooth, and having no connection with the liver. The cachectic condition of the patient and the peculiar color of the skin led to the diagnosis of tumor of the pylorus.

Laparotomy revealed that the stomach was considerably dilated, but that the pylorus was healthy. At the side of the pylorus, against the vertebral column, was a tumor of solid consistence formed by the gall-bladder completely occupied by a single stone. The calculus was extracted, the incisions of the gall-bladder and abdominal wall sutured. The after-effects were insignificant, and the patient was cured.

The calculus was as large as a hen's egg, weighed 52.50 grammes (about 1 $^{3}/_{4}$ ounces), and measured 60 millimetres (2 $^{1}/_{3}$ inches) in length and 42 millimetres (1 $^{1}/_{2}$ inches) in thickness. It was evident that the symptoms presented by the patient should be attributed to compression of the pylorus by the large calculus.—La Tribune Médicale.

Acute Osteomyelitis of Vertebræ.

Dr. Riese, of Berlin, reports the following very rare case: The patient was a boy, 17 years of age, who, after muscular exertion, was attacked by fever, general symptoms, and retention of urine. When, several days later, he was admitted to the hospital, the symptoms were unchanged and there was also localized pain in the lumbar region. In that situation there existed an œdematous and inflammatory swelling. As rather deep puncture gave a negative result, Riese made an incision and found pus typical of osteomyelitis when the spinous process of the fourth lumbar vertebra was exposed. He then resected the posterior arches of the third and fourth lumbar vertebræ and having found more pus in the dura mater incised that membrane, evacuated a second collection, and tamponed the wound. The patient recovered after evacuation of several sequestra.

This is the fourth case in which Riese had operated for diffuse osteomyelitis of vertebræ. It is always necessary to attack the focus in the bones. The diagnosis rests upon the local swelling, the presence of medullary symptoms, and local pain upon pressure. Vertical pressure upon the spinal column does not cause pain, contrary to what occurs in vertebral caries.

Dr. Israel has observed a still more curious case in a woman who was seized suddenly by pain in the loins. Nothing particular was to be seen locally, but when Dr. Israel examined the patient five weeks after the beginning of the disease there existed a well-marked typhoid condition and a swelling of the right sacro-lumbar region. An incision opened into a cavity filled with gangrenous muscular tissue and extending by a tortuous sinus to the ninth and tenth ribs, resection of which brought to light a suppurative peripleuritis. Notwithstanding the intervention, the condition remained grave and in the end a series of metastatic abscesses formed. The opening of one of these abscesses, which was found to the left of the spinal column, showed that the bodies of the ninth and tenth

Digitized by Google

dorsal vertebræ were denuded, but, as no signs of compression of the cord were present, Dr. Israel did not operate upon the bones. Contrary to all expectation the patient recovered with a hump in the lower dorsal region after having suffered from as many as fifty pyæmic abscesses. Some time after recovery from this illness the patient was attacked by Graves's disease.—La Tribune Médicale.

Precocious Gummata.

In a thesis A. le Tellier writes that syphilitic manifestations do not invariably follow in the chronological order described by Ricord. The gumma, for example, may be met with in the first months of syphilis and even before cicatrization of the chancre. M. le Tellier reports several cases of precocious gummata, of which he makes a general study. In some cases these lesions are but an evidence of precocious malignant syphilis, the development of which is favored by alcoholism, age, malaria, a bad constitutional condition, or traumatism. In a second class of patients precocious gummata may be considered as secondary gummy syphilides, which should occasion no peculiar anxiety. They respond readily to treatment, which causes their disappearance. They should not be confounded with those suffusions beneath or into the skin described by Mauriac, de Beurman, and Fournier, which present none of the chief features of the evolution of a gummy tumor and which are often cured without potassium iodide.

Precocious gummata distinguished from tardy lesions of the same kind by a more sudden commencement and a more rapid progress generally offer a favorable prognosis. Nevertheless, they are sometimes symptomatic of that grave form of syphilis which Fournier has called denutritive, the soil upon which they develop therefore influencing the prognosis. Precocious gummata of the brain or cord, appearing in some instances a year or eighteen months after the chancre, will naturally be regarded as of much more serious import, particularly on account of the neighboring lesions to which they give rise. Their prognosis is more grave by reason of their insidious course, which renders the diagnosis difficult and may consequently delay the treatment.

The treatment should be that of secondary symptoms. Potassium iodide should be given in small doses at first, increased rapidly to 6, 7, 8, and even 10 grammes ($1\frac{1}{2}$, $1\frac{3}{4}$, 2, and even $2\frac{1}{2}$ drachms). Mercury should, at the same time, be administered less against the neoplasm than other secondary manifestations of the disease.—La Médecine Moderne.

Different Modes of Elimination of Lime in Rachitis and the Different Periods of Rachitis.

M. J. Babeau, in a communication presented to the Academy of Sciences by M. Armand Gautier, says that for two years he has studied the mode of loss of lime in rachitis. He has systematically examined the urine and fæces of all rachitic patients treated in the out-door service or in the General Hospital of Montpellier. The annual number was from 3500 to 4000. His researches have led to the following conclusions:—

I. Rachitic deformities may, in the majority of cases, be due to the loss of lime in two different ways:—

1. Elimination of lime in excess by the urine dependent upon disassimilation of the lime which should enter into the composition of the skeleton.

2. Elimination of lime in excess by the fæces, indicative of lack of absorption of lime, the quantity eliminated by the urine in such cases being either normal or less than normal.

These results furnish an explanation of the apparently contradictory statements which have hitherto been published relative to the quantity of lime in the urine of rachitic patients.

II. Three periods may be distinguished in rachitis:—

A preliminary period, in the course of which the child eliminates lime in excess either by the urine (rachitis by disassimilation) or by the fæces (rachitis from lack of absorption).

This loss of chalk terminates in the stage of deformities and spontaneous fracture of bones; it is the period of actual rachitis, or of rachitis properly so-called (second stage).

In a third stage neither the fæces nor urine show an abnormal loss of lime; the deformities alone remain as indices of an anterior period in a subject whose nutrition has become normal.

Digitized by Google

III. Certain rachitic deformities doubtless represent a peculiar pathological process, terminating in increased size of a bone. The nature and cause of this change are now being studied.—Le Bulletin Médical.

Therapeutic Notes.

A Mixture for Epilepsy.

Pædiatrics gives the following:—

℞ Sodium bromide, 60 parts.
Sodium bicarbonate, 75 parts.
Tincture of physostigma, 25 to 50 parts.
Water, 500 parts.
Saccharin, 1 part.

M. Dose, a tablespoonful, diluted with water, morning and evening; after four days, suspend its use for three days and then begin again.

An Antiseptic Powder for Suppurating Surfaces.

The Gazette Hebdomadaire de Médecine et de Chirurgie gives the following as Schwartz's formula:—

℞ Powdered iodoform,
Powdered salol,
Bismuth subnitrate,
Powdered charcoal,
Powdered cinchona,
Powdered benzoin, of each, equal parts.—M.

—New York Medical Journal.

Bryonin in the Treatment of Hepatic Congestion.

The Gazette Hebdomadaire de Médecine et de Chirurgie gives the following formula:—

℞ Bryonin, 1½ grains.
Sugar of milk, 60 grains.
Gum arabic, 15 grains.
Syrup, a sufficiency.

M. Divide into a hundred granules. One to be taken every two hours until the bowels are sufficiently moved.—New York Medical Journal.

Arsenauro and Mercauro.

Messrs. Charles Roome Parmele Co. have issued in excellent style a pamphlet reporting many cases in which the above preparations have been used with beneficial effect. These combinations are stable chemical products. They constitute an eligible mode of administering alteratives in all cases where they are indicated.

Codliver-oil Emulsions.

The following is contributed by E. Barbibolett:—

℞ Mucilage of Irish moss, 150.
Sugar, 25.
Codliver-oil, 80.

The sugar is dissolved in the decoction, this mixture is then shaken with the oil, an emulsion forms rapidly.

The following contains flavoring ingredients:—

℞ Decoction of Irish moss, ℥iiss.
Codliver-oil, ℥iv.
Glycerin, ℥j.
Powd. chocolate, ℥ss.
Ess. vanilla, ℥iss.

The chocolate is triturated with the mucilage, then heated until a uniform mixture results. Cool, add the oil and glycerin, and beat with an egg-beater.—St. Louis Clinique.

Corneal Ulcers.

Dr. Hansell has repeatedly called attention, in the treatment of corneal ulcers, to the great benefit promptly obtained after the administration of the following prescription:—

℞ Santonine, 1 grain.
Calomel, 4 grains.
Sugar of milk, a quantity sufficient.

Make into 4 powders and give 1 every hour, following the last powder with a dose of castor-oil.

After a full operation of this remedy and restriction of the diet to nourishing food,

Digitized by Google

the disease rapidly disappears.—Philadelphia Polyclinic.

Creasote in the Treatment of Ozæna.

Ferreri has used creasote in the treatment of ozæna for twenty-five years. Applied pure, it sets up severe inflammation; consequently it should not be so used except in very stubborn cases. In those of medium severity he employs equal parts of creasote and glycerin. The following solution, much weaker, is often effective:—

℞ Creasote, 5 parts.
Seventy-per-cent. alcohol, 10 parts.
Glycerin, 40 parts.—M.

—New York Medical Journal.

Erysipelas.

Dr. Gallois recommends locally

℞ Agar-agar, 10 parts.
Corrosive sublimate,
Tartaric acid, of each, 1 part.
Distilled water, 1000 parts.—M.

—New York Medical Journal.

Europhene Collodion.

De Molènes employs the following formula:—

℞ Europhene,
Castor-oil, of each, 1 part.
Collodion, 10 parts.

M. To be used as an application to wounds.—New York Medical Journal.

Eucaine as a Local Anæsthetic When Used Hypodermically.

F. C. Wallis, in an article published in St. Bartholomew's Hospital Journal, states that he has used eucaine-B for some months past in St. Mark's and Charing Cross Hospital in 9 removals of tumors, 44 rectal operations, and 2 abdominal operations. The results of his experience with eucaine are most satisfactory. He has used a solution of 4 per cent., and he has never seen any signs of toxic effects, even when a considerable amount was employed. This percentage he found quite strong enough to produce absolute local anæsthesia for any small operation. He has, in a large ischio-rectal abscess, injected as much as 3½ to 4 drachms subcutaneously without any ill effects at all. The average amount required for a small operation was from 1 to 1½ drachms of the 4-per-cent. solution.

General Paralysis.

For the incontinence of urine and fecal matters in general paralysis, Athanassio recommends the following:—

℞ Potassio-ferric tartrate, 1 gramme.
Tincture of nux vomica, xv to xx drops.
Decoction of krameria and decoction of cinchona, of each, 100 grammes.

To be taken by tablespoonfuls during the twenty-four hours.—Journal American Medical Association.

Hypodermic Purgative.

Fifteen minims of the following will produce purgative effect:—

℞ Caffeine, gr. viiss.
Chloral, gr. viiss.
Water, m. lxxv.—M.

—Tri-State Medical Journal and Practitioner.

Malaria.

In a clinical lecture published in the Tri-State Medical Journal and Practitioner Dr. Francis Delafield, of New York, says: "An arrangement which works here in New York is a combination with the quinine of acetanilid and arsenious acid:—

℞ Quininæ sulphatis, gr. iij.
Acidi arseniosi, gr. $^1/_{30}$.
Acetanilid, gr. ij.

M. et ft. in capsulam No. j.
Sig.: Take four in the twenty-four hours.

"Now, why this combination is better than quinine alone, or when arsenic is added, or why adding two grains of acetanilid makes it more efficacious than one-thirtieth of a grain of arsenious acid and three grains of quinine, that is a question I cannot answer. I have found that it is

Digitized by Google

so by personal experience; I found that the adding of the acetanilid gave me such results that I could not get along without it. I do not give large doses of quinine alone. I have been treating malarial fever in New York for twenty years, and I find that such a combination of drugs answers very well in my hands; it is even better than Warburg's tincture."

Rheumatism.

Dr. R. E. McVey, of Kansas, claims great success in the treatment of rheumatism with the following combination:—

℞ Sodii salicylatis, gr. lxxx.
Potass. bromidi,
Potass. iodidi, of each, gr. xlviij.
Ess. gaultheria, 3ij.
Glycerin, ℥ss.
Aquæ, q. s. ad ℥ij.

M. Sig.: Give 1 teaspoonful every four hours.—Medical Summary.

Syphilis.

In grave cases Dr. Bouveyron uses metallic iodine according to the following formula:—

℞ Metallic iodine, gr. xv.
Potassium iodide, enough to dissolve.
Neutral glycerin, 3i¼-3iiss.
Citric acid, ℥ss.
Syrup, enough to make Oi¾.

M. Sig.: Two tablespoonfuls, gradually increasing to 6 tablespoonfuls daily.—Le Bulletin Médical.

The Employment of Dover's Powder.

M. Liégeois says that Dover's powder is a valuable remedy in the beginning of measles and scarlet fever, when the eruption is not well developed, and if much fever and agitation exist. A single dose of 4 or 5 grains will cause copious perspiration in children. The author never gives this powder to children under 4 years of age, and always administers it in one dose. The hoarse cough in the beginning of measles is always very favorably influenced by the following mixture:—

℞ Dover's powder,
Washed sulphur, of each, 3 grains.
—M.

In the beginning of influenza Dover's powder is also useful; it considerably ameliorates the catarrhal laryngitis and tracheitis, the pains in the limbs, and even the fever.

In case of pulmonary congestion the following formula may be used:—

℞ Dover's powder,
Quinine sulphate, of each, from 5 to 6 grains.
Pulverized hyoscyamus, 1½ grains.—M.

This quantity makes one dose, and two such doses are to be taken daily.

This powder is a good expectorant, owing to the ipecac and the potassium salt which enter into its composition; the expectorant effect may be increased, if the sputa are hard to detach, by the following mixture:—

℞ Dover's powder, 2 grains.
Ammoniac,
Siam benzoin, of each, 0.75 grain.
Anisated balsam of sulphur, 2 drops.
—M.

This is for one pill, and five or six such pills are to be taken daily at intervals of from two to three hours.

In the diarrhœa of tuberculous enteritis the following formula gives good results:—

℞ Dover's powder, 150 grains.
Compound powder of chalk,
Calumba powder, of each, 300 grains.
—M.

This quantity makes sixty capsules, and two capsules are to be taken daily.—New York Medical Journal.

Local Treatment of Painful Ulcerations.

From an article upon the above subject in the British Medical Journal by Dr. Eugene S. Yonge, of the Manchester Hospital for Consumption and Diseases of the Throat, we abstract the following passages: "Orthoform is sparingly soluble, non-toxic, and powerfully antiseptic. Its strong anæsthetic properties are only manifested where nerve-endings are exposed. In from 5 to 10 minutes after application anæsthesia of

Digitized by Google

the denuded surface to both touch and pain commences, and it reaches its consummation within a short period of time. The effect lasts from a few hours to five or six days, and there is, in the majority of cases, perfect or nearly perfect analgesia, the patient experiencing the sensation of the offending part having been cicatrized over or 'enameled.' Suppuration is usually markedly diminished and healing accelerated. The effect on the larynx is to reduce reflex irritability."

Dr. Yonge has had the opportunity of testing the anæsthetic value of orthoform in eighteen patients who suffered from painful ulcerations of the upper respiratory tract. Most of the lesions were tuberculous. Marked relief was afforded in all the cases. The powder (5 grains) was applied by insufflation or a solution was sprayed upon the parts. The writer concludes that, finally, if further observations confirm the results already published, it would appear that orthoform is entitled to take a position in the gamut of local anæsthetics applicable to the upper air-passages.

Uranium in the Treatment of Coryza.

The Revue Médicale gives the following formula:—

℞ Uranium acetate, from 1 to 2 parts.
Distilled water, 20 parts.

M. Two or three drops to be snuffed up daily.—New York Medical Journal.

Whooping-cough.

Dr. Louis J. Pons says in The Medical World that he has derived much satisfaction from the use of one or the other of the subjoined combinations:—

℞ Codeine, gr. iij.
Alcohol, ℥ss.
Acid. hydrocyan. dil., 8 minims.
Tr. lobelia, ℥iij.
Ol. anise, gtt. x.
Glycerin, q. s. ad ℥iv.

M. The codeine should be dissolved in the alcohol before adding other ingredients.

Sig.: Teaspoonful every three or four hours for child 5 years old.

℞ Codeine, gr. iij.
Alcohol, ℥ss.
Brom. pot., ℥ij.
Tr. bellad., ℥ij.
Fl. ext. ipecac, 6 minims.
Ol. anise, 10 minims.
Glycerin, q. s. ad ℥iv.

M. Sig.: Teaspoonful every three or four hours for child 5 years old.

Lancaster's mixture consists of

℞ Tincture of belladonna, 10 parts.
Phenacetin, 5 parts.
Brandy, 15 parts.
Fluid extract of chestnut-leaves, 60 parts.

M. Ten drops to be given every two to six hours to a child 1 year old; to one 10 years old as much as a teaspoonful may be given.

Erb's Tonic Pills.

℞ Iron lactate, from 45 to 75 grains.
Aqueous extract of cinchona, 75 grains.
Alcoholic extract of nux vomica, from 6 to 9 grains.
Extract of gentian, a sufficiency.

M. Divide into a hundred pills. One or two to be taken three times a day, after meals.

These pills are used in the treatment of tabes, after a mercurial cours . Erb thinks that they not only ameliorate the patient's general condition, but even exert an influence on his psychical state.—N. Y. Med. Journal.

Neuritis.

Dr. Curran Pope, of Louisville, Ky., in The Medical Fortnightly, advises

℞ Ammonii bromidi, gr. xv.
Ammonii salicylatis, gr. ij.
Liq. potassii arsenitis, m. j.
Syr. simplicis, m. v.
Aq. menth. piper., q. s. ad ℥j.—M.

This dose is given every three or four hours.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, May, 1898.

EPILEPSY CONSECUTIVE TO TYPHOID FEVER.

For many reasons typhoid fever is one of the most interesting of diseases to the general practitioner. Its wide prevalence, its tedious progress, the extreme prostration which it causes, its etiology and the manner in which it is transmitted, its numerous complications and sequelæ, and, finally, the youth of most of its victims combine to constitute a powerfully impressive picture of morbid action. Though essentially belonging to the class known as medical diseases, it is attended or followed by many conditions which require the aid of the surgeon. The surgical results of typhoid fever have been carefully studied for many years by Professor W. W. Keen, who has recently published upon this subject a very instructive book. From this work it appears that the disease is scarcely less important from the surgical than the peculiarly medical aspect. It is capable of producing the most varied surgical affections, which may involve the organs of special sense, the viscera, the bones, articulations, etc.

When we consider the profound depression of the nervous system due to typhoid fever and the characteristic nervous manifestations which occur in the course of the attack, we might expect to observe more numerous instances of permanent injury than actually occur. Notwithstanding the active delirium which marks so many cases, the mental faculties are seldom damaged after recovery from the fever. In a comparatively small number of cases intellectual disorder of some variety or degree has followed; but so distinguished an authority as Murchison declared that he knew of no case in which such a condition had proved permanent. In some instances the progress of typhoid fever is said to have effected an improvement in the mental state of insane patients. Paralysis is sometimes a sequence of the malady, but the nervo-muscular functions are ultimately recovered.

In view of such considerations we have read with much pleasure the report by Drs. Bourneville and Dardel of a case in which epilepsy developed as a result of typhoid fever.[1] Dr. Bourneville is the editor-in-chief of an influential French journal, Le Progrès Médical, and a distinguished student of nervous disorders, from whose writings we have often had occasion to quote in the pages of The Medical Bulletin. The case described was that of a boy, 11 years of age, who came on both sides from a healthy family, many members of which had attained great age. The patient had thriven well in infancy. At the age of 3 years typhoid fever entered the family, carried off the mother, one of his brothers, and one of his sisters. His own attack lasted for six weeks, was a severe illness, and left him very weak. Two months after recovery he was suddenly seized during the night by a generalized convulsion, accompanied by foaming at the mouth. Three days subsequently he suffered again from spasms, which were of longer duration. After this time the child had at least 1 spasm a week, sometimes by day and sometimes by night. The attacks then became more severe and more frequent, the maximum being 5 in the twenty-four hours and the average 3 per week. Never a week passed without a convulsion. At the onset of an attack he cried aloud and then fell. The tonic type of spasm was very brief; clonic convulsions predominated. Formerly he always foamed at the mouth. When admitted he neither

[1] "Epilepsie consécutive à une fièvre typhoïde." Par Bourneville et Dardel, Le Progrès Médical, 19 Mars, 1898, p. 177.

Digitized by Google

foamed nor bit his tongue. Sometimes he fell without a preliminary cry. There was never any paralysis after a seizure.

Before the child was subject to epilepsy he was intelligent, had a good memory, and spoke plainly. His intelligence gradually declined. It had diminished particularly during the last two years. At the time of admittance he had nothing to say and seemed to understand nothing. "He does not even know me," said his father. Between the ages of 6 and 9 he had been sent to school, but he could learn nothing and had to be withdrawn.

His disposition was very irregular. Sometimes he was gentle and affectionate. At other times he was violent, high-tempered, and tried to bite those who came near him. On two occasions he had suffered from delusions. The child had never injured his head, never complained of headache, slept well, and was not addicted to onanism. He was well nourished, but the expression of his face was indifferent and unintelligent. The head was of normal size and the frontal eminences sufficiently conspicuous. The parietal eminences were moderately developed, the left being the more prominent. The fontanelles were closed. The superciliary ridges were asymmetrical. The thorax was well shaped. No abnormality was detected in the heart or lungs. Neither the liver nor spleen was enlarged. The spinal column was straight. Both upper and lower limbs were well formed. Sight and taste were well developed, but the hearing was poor. He could scarcely pronounce more than the two words: "yes" and "no." He had several times suffered from attacks of indigestion, accompanied by vomiting and diarrhœa. About five months after entrance the boy suffered from an abundant diarrhœa. Two months and a half later it returned, and, although the discharges were checked, the unfortunate child soon perished from debility.

At the autopsy there was found atrophy of the cerebrum, involving particularly the frontal convolutions and especially those of the left side. There was crossed inequality of the cerebral and cerebellar hemispheres, together with dilatation of the left lateral ventricle and thrombosis of the meningeal veins.

Such is the history of an instructive case. Its origin is attributed by the authors to the influence of typhoid fever. Until afflicted by that disease the child had been of normal intelligence. During the fever there had been brain trouble with loss of consciousness, and subsequently there had been prolonged weakness. From the date when the epilepsy began the intellectual faculties, instead of developing, had gradually declined. The decay had been particularly observable during the last two years of life. Death was due to weakness produced by the convulsions, complicated with diarrhœa returning at close intervals, perhaps of nervous origin and independent of any macroscopical lesion of the bowel.

UNIVERSITY EDUCATION.

THE office of the teacher is one of great honor and responsibility. From th lowest grade of primary instruction to the highest plane of scientific, professional, or artistic culture it is the aim of the teacher to impart knowledge, to develop the intellectual powers, and to stimulate the thinking capacity of the pupil. Undoubtedly, a peculiarly heavy responsibility rests upon the teacher of medicine, since he trains his scholars to deal with problems of life and death: not in the abstract, but as momentous facts affecting individual human beings.

It is well, therefore, that we should carefully consider education in general and our own modes of instruction in particular. The topic of medical education has, in fact, been a burning one for many years, and in the course of the last two decades our methods of instruction have been revolutionized. The older modes had become antiquated. They had outlived their usefulness and necessarily had to be remodeled.

Digitized by Google

This period has been one of transition. Old things have passed away and all things have become new.

A few centuries ago students of diligence and talent might master all the branches of human knowledge. At the present time it is not possible for one to become equally informed in all the departments of his own profession. The practiced surgeon can scarcely be an adept in physiological chemistry, and he who devotes days and nights to the study of bacteriology can hardly be at the same time a proficient in clinical work. Every specialty of practice, every field of laboratory work, contains enough material for the labors of a life-time. Each man, consequently, must at some juncture be driven by his own tastes or circumstances to make a choice, to select some special branch to which he shall devote most of his time, study, and ability. He must learn to content himself with an unequal knowledge.

Fortunately for the human mind, although the progress of discovery has immensely multiplied detail, yet the classification and comparison of facts have revealed the action of great principles and laws, according to which the phenomena of nature are governed. It is the recognition of these laws which, above all, marks the man of education and science. As the physical elements of life are identical with those of inanimate Nature, it follows that a certain acquaintance with the latter is essential to a comprehension of the biological sciences. The superstructure of biology is the human body. The composition, the development, the nutrition, the diseases, and the accidents of mankind are the studies belonging to the medical profession, and they are studies which are, by most, very properly pursued with a direct practical object in view.

The field being so vast, the question next arises: what should be the course of educators, how shall young minds be gradually led out and led up to a knowledge of animate nature as exemplified in the human body? How shall we best prepare youths for entering upon the study of medicine?

These questions are so far-reaching that we cannot expect them to be answered by all teachers in exactly the same terms. Most, however, will believe that training in the physical sciences constitutes the best basis for the study of medicine.

In connection with the general subject, we have been much interested in the perusal of an admirable address upon "University Education," delivered by invitation at the Johns-Hopkins University by Professor Michael Foster, of the University of Cambridge, England.[1] We all know Professor Foster by repute as a distinguished physiologist. From his knowledge of the old English university the speaker drew some important inferences and suggestions of service to the Johns-Hopkins and other young schools of a young country. Even many centuries ago both students and teachers recognized that the training of the university was a preparation for practical life. Accordingly, we find at an early date that the three great faculties of theology, law, and medicine were established in correspondence to the three main occupations in which learning was of practical use. Other faculties have, as is well known, been subsequently established. Another commendable feature of the university-life in those early times was the very strong feeling that the work of the university consisted, not in the mere acquisition of knowledge, but in the training of the mind. After an ingenious demonstration that from a very early period the spirit of inquiry was rife in the schools, Professor Foster proceeds to ask whether it is "not a serious matter for consideration that the things that the university has to teach are rapidly becoming far too numerous for the learner to learn." As we have said, it is necessary to make a choice. The speaker deprecated the tendency of modern civilization and modern university-life to make each man increasingly more like his brother

[1] Johns-Hopkins Hospital Bulletin, April, 1898.

Digitized by Google

and destroy individual differences. "We seem tending in many ways to a monotonous mediocrity of intellect." He thinks that it should be a function of the university to counteract this tendency. He finds in his own university discouragement for the development of individual power. In order to enter its gates every lad must pass through the same examination. Professor Foster would prefer to vary the entrance examination and would hold on to the old tradition that the institution was ready to receive everybody who was likely to profit by its instructions. This argument brings him in contact with the examination machinery, upon which he inquires: "Are examinations all in all? were the examinations made for universities, or were universities made for examinations?" There can be no doubt that very often too absolute reliance is placed upon formal examinations. It may happen that a candidate exhibits considerable capacity in the art of answering questions, but is sadly lacking in independence or originality of mind.

In concluding his address the speaker dwelt upon the spirit of inquiry as an essential feature of a university. He referred to the fact that at the present time, though admittedly under exceptional circumstances, a man can come to the University of Cambridge, "and if he convinces a competent body of judges that he is a person likely to carry on inquiry in a successful manner he can enter the university as a student, and if he satisfies another body of men, after a time, that his inquiries have resulted in a real contribution to knowledge he can secure his degree."

Tropical Medicine. — Deputy-Surgeon-General Henry Cayley, F.R.C.S., formerly Professor of Military Medicine in the Army Medical School, Netley, has been appointed to deliver a course of lectures on Tropical Medicine at the Middlesex Hospital Medical School during the coming summer session.

Medical News and Miscellany.

University of Louisville.—At the last meeting of the general council Drs. George W. Griffith and John Buschemeyer were elected as members of the Board of Trustees of the Medical Department of the University of Louisville.

The Cataract of Glass-blowers. — J. Hirschberg in the Berliner klinische Wochenschrift comments upon the connection between cataract-formation and occupations entailing exposure to intense heat as well as residence in hot climates as having been long recognized. He contrasts the early age of the glass-blowers so affected with the late visitation upon the subjects of senile cataract. This difference, the writer says, ranges from 40 years in the former class to that of 60 years in the latter. The heat-exposures in India yield similar results of what might be styled as traumatismal. The late Dr. C. R. Agnew, of New York, was wont to cite cooks and stokers as his classical examples, but claimed that glare, rather than heat, was responsible for the result. Also in the antespecialistic days, Dr. Willard Parker gave the dark-eyed as the preferred victims and females as the more constant sufferers. Thus there was no lack of observers, although on somewhat divergent lines. Racial peculiarities of the darker skinned with their more torrid environments and heated apartments, with the eye-strain of sewing, minute writing, etc., may be, in reality, the secondary developers.—Journal American Medical Association.

Removal.—Dr. R. D. Snively has removed to 1703 Tioga Street, Philadelphia.

To Found a Hospital.—Mrs. Miller, of Pittsburgh, Pa., a wealthy lady who died recently, bequeathed a valuable tract of land in Pitsburgh, and a sum of money—nearly $300,000, all told—for the purpose of erecting a hospital for women.

Preventive Inoculation of Diphtheria.—The Hungarian government intrusted Karman with the task of preventing the spread of diphtheria in a certain village and its neighborhood. General hygienic measures availing nothing, he tried preventive inoculation. Among the 114 children thus treated there was, during the next two months, no case of diphtheria, although

Digitized by Google

the disease had been prevalent in the village up to the date at which inoculation commenced, and persisted in surrounding villages afterward. During the previous five months nearly 20 per cent. of the villagers had been attacked and 8 had died, 6 not having been subjected to serum-treatment. In view of these facts and of the harmlessness of preventive inoculation, the efficiency of this treatment as a prophylactic measure seems clearly demonstrated. — Atlantic Medical Weekly.

Lycoming County (Pa.) Medical Society.—The annual meeting took place on April 5th. Officers for the ensuing year were elected and the annual banquet was given. An address was delivered by Professor Coplin, of Jefferson Medical College.

Preventive Medicine.—Doctor (just arrived at the scene of the accident): "What on earth are you holding his nose for?"

Pat (kneeling beside the victim): "So his breath won't leave his body, of course."—Journal of Medicine and Science.

French Society of Otology and Laryngology.—The society holds its next meeting at Paris on May 2d.

Surgeons of the Southern Railway Company.—The Association of Surgeons of the Southern Railway Company will hold its third annual meeting at the Hygeia Hotel, Old Point Comfort, Virginia, Tuesday and Wednesday, June 21 and 22, 1898.

American Electro-therapeutic Association.—The American Electro-therapeutic Association will hold its seventh annual meeting at Buffalo, September 13, 14, and 15, 1898, under the presidency of Dr. Charles R. Dickson, of Toronto.

The Ontario Medical Association.—The 18th annual meeting of the Ontario Medical Association will be held in Toronto, June 1st and 2d, under the presidency of Dr. William Britton.

Atlantic County Insane Asylum.—Dr. Charles S. Potts has been appointed consulting physician to the Atlantic County (N. J.) Insane Asylum.

Floridian Association of Railway-surgeons.—The annual meeting of the Floridian State Association of Railway-surgeons convened at Jacksonville, Fla., April 25th. J. Harrison Hodges, M.D., Gainsville, Fla., presided.

South Carolina Medical Association.—The forty-seventh annual meeting of the South Carolina Medical Association was held at Harris Lithia-springs, April 13 and 14, 1898.

"Recollections of a Rebel Surgeon."—The above is the title of a book soon to be published by Dr. F. E. Daniel, editor of the Texas Medical Journal. The book consists of a series of short sketches, personal reminiscences—mostly humorous—of life in camp, field, and hospital "endurin' of the war." Dr. Daniel is a vigorous writer, and no doubt a book from his pen will be of much interest.

Proposed New Society in Chicago.—A meeting has been called by Drs. Henry M. Lyman, Frank Billings, G. F. Butler, James B. Herrick, Arthur R. Edwards, John A. Robison, and Henry B. Favill to organize a Society of Internal Medicine in Chicago.

Editorial Resignation.—Pressure of other work has compelled Dr. J. Shelton Horsley to resign the editorship of the New York Polyclinic. Dr. Horsley is succeeded by Professor William B. Pritchard.

Dr. Edward N. Brush.—Dr. Edward N. Brush, of Baltimore, superintendent of the Sheppard and Enoch Pratt Hospital, gave an elaborate dinner at his hospital in honor of the twentieth anniversary of the date of his connection with hospitals for the insane. Many alienists and neurologists were present. Dr. Brush was formerly a resident of Buffalo and an associate editor of the Buffalo Medical Journal.

A Faculty Dinner.—On the evening of April 2d a dinner to the faculty of the Medico-Chirurgical Hospital was given by Professor Ernest Laplace. Dr. William L. Rodman was present. After dinner the host and his guests visited the theatre.

Incorporation of Journals.—The Texas Medical News, which, in January, absorbed the Southwestern Medical and Surgical Reporter, has purchased another journal, the Texas Medical Practitioner. The three are now consolidated into one journal.

King's College, London. — Dr. W. J. Simpson, formerly health-officer for Calcutta, has been appointed professor of hygiene in King's College, London.

Returned to Louisville.—Dr. William B. Meany, late of St. Louis, has returned to

Digitized by Google

Louisville, his native city, to practice his profession. Dr. Meany has for many years made diseases of the eye, ear, nose, and throat a specialty, and has contributed many interesting and learned articles on these subjects.

Journalistic Change.—It is announced that the journal hitherto known as Mathews's Quarterly Journal of Rectal and Gastro-Intestinal Diseases will appear as a monthly under the name of The Louisville Journal of Surgery and Medicine. Every department both in surgery and medicine will be represented. At the last meeting of the Louisville Surgical Society this journal was made its organ, and its proceedings each month will be published in this journal exclusively.

Royal Infirmary, London, Eng. — The post of Gynæcological Surgeon to the Royal Infirmary, rendered vacant by the retirement of Dr. John Wallace, has been filled by the election of Dr. Thomas Babington Grimsdale.

University College, London.—The Council of University College have appointed Dr. Charlton Bastian, F.R.S., consulting physician to the hospital, and conferred on him the title of Emeritus Professor of Medicine and Clinical Medicine. At the same meeting Dr. J. S. Risien Russell, F.R.C.P., was appointed Assistant Physician to University College Hospital.

American Medico-Psychological Association.—The association will hold its forty-fourth annual meeting in St. Louis, Mo., commencing May 10, 1898, and continuing until May 13 inclusive.

A New Health Officer at Detroit.—At a meeting of the Board of Health of Detroit the resignation of Dr. Samuel P. Duffield as health officer was accepted and Dr. Heneage Gibbes, of Ann Arbor, was elected to the position.

University of Texas.—The Regents of the University of Texas have appropriated $46,000 for the medical colleg of Galveston.

Resignation.—The Texas Medical Journal states that Dr. R. H. L. Bibb, surgeon-in-chief of the Mexican National Railroad, has resigned the position of surgeon to the American Hospital in Mexico City and removed to Saltillo, his former home.

Hydrotherapeutic Clinic. — An Hydrotherapeutic Clinic has been founded in the University of Heidelberg. The Baden Legislature has voted for this purpose a subvention of 10,000 marks.

Aberdeen University Medical Society.—The office-bearers for next session are: Hon. President, Professor Cash. Presidents, J. A. Stephen, M.A., and J. A. Mayor, M.A. Secretary, L. P. Stephen, M.A. Recording Secretary, G. A. Finlayson, M.A. Treasurer, H. Fraser.

Honorary Degree. — The University of Aberdeen has conferred the degree of LL.D. on Dr. William Osler, M.D., F.R.C.P. Lond., Professor of Medicine in the Johns-Hopkins University.

Congress of Gynæcology, Obstetrics, and Pædiatrics.—A Congress of Gynæcology, Obstetrics, and Pædiatrics will be held at Marseilles from October 8th to 15th, Professor Pinard, Professor Pozzi, and Professor Broca, respectively, presiding over the three sections in the order named.

A New Hospital in Paris.—A new hospital for the poor of Paris, to contain 6000 beds, is projected, at an estimated cost of about $8,600,000.

The Reeve Scholarship in Medical Science.—We learn from the Canadian Practitioner that Dr. R. A. Reeve has donated a sum of money to the University of Toronto for the purpose of providing a scholarship of the value of $250, to be awarded annually for four years. The scholarship is designed to foster the spirit of original research and to promote the utilizing of the laboratories of the university for that purpose.

Vomiting in Pregnancy.—W. S. Gordon suggests the theory that the nausea and vomiting of pregnancy may be due to impoverishment of the maternal nervous system by the withdrawal of phosphorus for the growth of the uterus and its contents. To substantiate this belief he cites the fact that nausea is most intense in the mornings when the mother has been longest without food, and is relieved by the morning meal; that it is most severe in the first half of the pregnancy, when the fetal development is most rapid, and that there is a diminished elimination of phosphorus by the kidneys. The treatment indicated by this hypothesis includes careful attention to the

Digitized by Google

digestive organs, persistent or forced feeding, and the administration of phosphorus in the form of hypophosphite of calcium and sodium with bromides or other nerve-sedatives.—Canada Medical Record.

Langsdale's Lancet.—This journal has been made the official organ of the Kansas City Academy of Medicine. The papers and discussions will be published each month.

Proposed Toronto Academy of Medicine.—Efforts are being made to amalgamate the different medical societies of Toronto, viz.: Toronto Medical Society, Toronto Clinical Society, Toronto Pathological Society, and Toronto Medical Library Association, under the title of the Toronto Academy of Medicine.

Retirement.—Professor Gruber, the distinguished otologist, is to retire from his chair in the University of Vienna. His department is to be merged with that of Professor Politzer's.

Golden Jubilee.—Professor Veit, the distinguished obstetrician and gynæcologist at the University of Bonn, recently celebrated the golden jubilee of his professorship.

A Novelist's Tribute to the Medical Profession.—In one of Fargeon's Christmas stories, originally published in All the Year Round, that distinguished and admired writer takes occasion to make a most graceful reference to our profession, as follows: "It is my pleasure and duty to here cast in my tribute to this worthy and kind physician, whose life has been and is an honor to the calling of his choice. I cannot refrain here from paying a tribute to this kind gentleman, whose life is an honor to the profession be adorns. But, indeed, in what ranks of professional labor can more unselfish kindness be found than in the ranks of those who minister to the sick? Surely there must be some beneficent influence in the work they do that humanizes and softens the heart, that makes it respond willingly and cheerfully to the appeals of those who suffer? Numberless are the instances that can be adduced of the wonderful goodness of doctors, renowned and eminent, who sacrifice their time without expectation or desire of return for the inestimable services they render. I have no hesitation in saying that, of all arts, it is the most ennobling and beautiful, and that its record of kind deeds is matchless and unapproachable. With all my heart I say: 'Heaven bless the doctors for the good they do, for the good they are enabled to do!'"—Journal American Medical Association.

Prehistoric Dentistry.—In an article entitled "The Mysterious City of Honduras," in the January issue of the Century (Dental Review, February, 1898), Mr. George Byron Gordon gives the following account of recent discoveries at Copan:—

"No regular burying-place has yet been found at Copan, but a number of isolated tombs have been explored. The location of these was strange and unexpected—beneath the pavements of court-yards and under the chambers of houses. They consist of small chambers of very excellent masonry, roofed sometimes by means of the horizontal arch and sometimes by means of slabs of stone resting on top of the vertical walls. In these tombs one, and sometimes two, interments had been made. The bodies had been laid at full length upon the floor. The cerements had long since molded away, and the skeletons themselves were in a crumbling condition, and gave little knowledge of the physical characteristics of the people; but one fact of surpassing interest came to light concerning their private lives, namely: the custom of adorning the front teeth with gems inlaid in the enamel and by filling. Although not all of the sets of teeth found had been treated in this way, there are enough to show that the practice was general, at least among the upper classes, for all the tombs opened, from their associations with prominent houses, seem to have belonged to people of rank and fortune. The stone used in the inlaying was a bright-green jadite. A circular cavity about one-sixteenth of an inch in diameter was drilled in the enamel of each of the two front teeth of the upper row and inlaid with a little disk of jadite, cut to a perfect fit and secured by means of a bright-red cement."—New York Medical Journal.

Glasgow University.—Dr. John Glaister has been appointed to the Chair of Forensic Medicine in Glasgow University.

Lectures on Climatology.—Dr. S. E. Solly, of Colorado Springs, Secretary of the Section on Laryngology and Otology of the American Medical Association, will begin a

Digitized by Google

course of six lectures on Climatology at the New York Post-graduate School on April 25th. He is also expected to read a paper on some climatic subject before the Philadelphia County Medical Society on April 27th, at the invitation of the president, Dr. Jackson.—Philadelphia Medical Journal.

Medical Coroners.—Drs. William Kroh and F. W. Germon have been appointed Coroners of Baltimore.

Health Officers Appointed.—The following appointments have been made by the Mayor of Baltimore: Dr. C. Hampson Jones, Health Commissioner; Dr. J. Tyler Smith, Assistant Health Commissioner; Dr. G. Lane Taneyhill, Quarantine Physician; Dr. J. J. Caddwell, Sanitary Inspector.

Ectopic Pregnancy.—A. W. Mayo Robson publishes a table of 23 cases of ectopic pregnancy, with only 1 death, which was from pulmonary embolism 16 hours after operation. Attention is called to the following special symptoms: 1. Superficial dullness on percussion over the pubes and in either flank, which, on deeper percussion, is replaced by a resonant note. 2. A thrill in the same regions on gently flicking with the finger-nail, though no ordinary signs of fluctuation can be made out. 3. On turning the patient on the side the dullness in the flank, then uppermost, persists for some time, but gradually disappears in a way that Robson has never observed in the case of any other fluid than blood in the peritoneal cavity: a symptom believed not to have been hitherto described. 4. Liver-dullness may disappear in consequence of diminution in size from loss of blood, and the pushing up of the intestines by effusion in the pelvis. Operation is advised, regardless of any collapsed condition. In 3 of Robson's cases the patients were pulseless at the time of operation, but the pulse returned during operation, probably in consequence of absorption of saline solution used in irrigating the abdominal cavity.—Philadelphia Medical Journal.

Appointed Successor. — Dr. Robert T. Wilson is to succeed his father, Dr. H. P. C. Wilson, as chief-surgeon of the Woman's Hospital, Baltimore, Md.

Congress for the Study of Human and Animal Tuberculosis.—This congress will hold its fourth meeting in Paris from July 27 to August 2, 1898. The questions proposed for discussion are: (1) "Sanatoria as a Means of Prophylaxis and Treatment of Tuberculosis" (to be introduced by MM. le Gendre, Netter, and Thoinet); (2) "Serums and Antitoxins in the Treatment of Tuberculosis" (to be introduced by Professors Landouzy and Maragliano); (3) "The X-rays (Radioscopy and Radiography) in the Diagnosis of Tubercle" (to be introduced by MM. Béclère, Claude, and Teissier); (4) "The X-rays in the Treatment of Tuberculosis" (to be introduced by Professors Bergonié and Lortet); (5) "The Struggle Against Animal Tuberculosis by Prophylaxis" (to be introduced by Professor Bang, of Copenhagen); (6) "The Struggle Against Human Tuberculosis by Disinfection of Places Inhabited by Tuberculous Patients" (to be introduced by M. A. J. Martin); (7) "The Diffusion of Tuberculosis in the Army and its Prophylaxis" (to be introduced by Professor Vallin).

The Eastern-Hampden Medical Association. — At the annual meeting, recently held in Springfield, Massachusetts, new officers were elected as follows: President, Dr. Leslie H. Hendee; Vice-president, Dr. W. A. Smith; Secretary and Treasurer, Dr. G. W. Rawson; and Censor for three years, Dr. J. W. Hannum.

Tarnier's Successor.—Dr. Pierre Budin has been appointed to succeed the late Dr. Tarnier as Clinical Professor of Obstetrics at Paris.

Massillon State Hospital. — Dr. A. B. Richardson has been elected superintendent of the institution.

Obituary.—Rudolph Schneider, Professor of Surgery at the University of Königsberg, aged 61 years.

—Professor Stricker, of Vienna, has departed this life.

—The death of Dr. Charles West is announced at the age of 81. Dr. West's name is known to the whole medical world by his writings on children's diseases, a department of medicine in which he was a pioneer, and for a long time the leader, in Great Britain. Dr. West had retired from the active practice of his profession for some time before his death.

—Prof. Ernest Schwimmer, who held the chair of Dermatology at the Budapest University, succumbed recently to an attack of cerebral apoplexy. The deceased was born in 1837 in Budapest. He studied medicine in Budapest and in Vienna and in the latter

Digitized by Google

place became an assistant to the late Professor Hebra. After four years' service in the hospital he went to Egypt, where he studied some endemic forms of diseases of the skin. He contributed many original papers to the medical press and by his elaborated studies on leukoplakia made his name soon known in the scientific world. He was for twenty-five years an active member of the teaching staff of Budapest University, where his loss will be long felt. —Lancet.

Change of Secretary.—Dr. C. C. Fite, late Secretary of the Section on Materia Medica, Pharmacy, and Therapeutics, has resigned. Dr. Leon L. Solomon, Louisville, Ky., has been appointed Secretary of the Section.

Honorary Member.—Dr. L. A. Duhring, has been elected an honorary member of the Societa Italiana di Dermatologia e Sifilografia.

Medico-Chirurgical Faculty of Maryland.—The annual meeting of the faculty was held in Baltimore, April 26th, 27th, 28th, and 29th. The annual address was delivered by Dr. William T. Councilman, of Boston.

Munificent Bequest.—The city of Bloomington, Ill., has been left, by the will of Ex-chief-justice John Scott, of that city, a $2,000,000 bequest for the purpose of founding and maintaining a hospital there.

International Association of Railway-surgeons.—The International Association of Railway-surgeons will meet in Toronto, Canada, July 6th, 7th, and 8th.

Change of Headquarters.—The North-Carolina Medical Journal has changed its domicile from Wilmington to Winston.

American Surgical Association. — The meeting of the association this year was held at New Orleans on April 19th to 22d, inclusive.

Reopening of Operating Room.—Dr. J. C. Biddle was the host, on April 8th, on occasion of the reopening of the operating-room of the State Hospital for Injured Persons at Fountain Springs, Pa. A clinic was held by Professor W. W. Keen.

Banquet at the Bellvue.—A banquet of the former Committee of Arrangements of the American Medical Association was held at the Hotel Bellvue, Philadelphia, on Friday evening, April 15th, and the occasion was of much interest to all present.

Oklahoma Territorial Medical Association.—The annual meeting of the Oklahoma Medical Association occurs at Oklahoma City on May 5th and 6th. An interesting programme is provided.

All About Beer.—Beer is so extensively used as a beverage that to those who read German a pamphlet issued by the Bürgerliches Bräuhaus Pilsen will be scanned with much interest. In its pages are brought together many particulars relative to the use of beer in different countries and from the earliest times. The ingredients and mode of preparation are described. The subject is also treated statistically and from the social point of view.

American Neurological Association. — The Twenty-fourth Annual Meeting of the Association will be held in New York at the Academy of Medicine on Thursday, Friday, and Saturday, May 26, 27, and 28, 1898.

The Hungarian Balneological Congress. —The Hungarian Balneological Congress held its eighth annual meeting on March 27th and 28th, in Budapest, under the presidency of Dr. Wilhelm Tauffer.

Ramsay County (Minn.) Medical Society.—The officers for the ensuing year are: President, Dr. James A. Quinn; vice-president, Dr. E. Boeckmann; secretary, Dr. Haldor Snévé; treasurer, Dr. Alcinda Pine; necrologist, Dr. Whitman, all unanimous. Dr. Chamberlin delivered an annual address.

The Lane Course of Medical Lectures.— The course of special lectures at the Cooper Medical College of San Francisco will be delivered this year by Thomas Clifford Allbutt, Regius Professor of Physic in the University of Cambridge, England. The lectures will be devoted to a consideration of diseases of the heart.

International Congress of Physiologists. —The Fourth International Congress will be held at Cambridge, Eng., August 23d to 26th, inclusive. In connection with the meeting an exhibition of physiological apparatus will be held.

College of Physicians and Surgeons of New York.—Dr. James W. McLane, for the past thirty years Professor of Obstetrics in the College of Physicians and Surgeons in New York City, has resigned the chair and has been elected Emeritus Professor of

Digitized by Google

Obstetrics. He retains his position as dean of the faculty. Dr. Edwin B. Cragin has been chosen his successor with the title of Lecturer on Obstetrics. — Philadelphia Polyclinic.

Appointment of Examiners.—At a meeting of the Senate of the Royal University of Ireland the following teachers in the Belfast Medical School were reappointed examiners for the year 1898: Professor Byers, M.D.R.U.I., in midwifery; Professor Whitla, M.D.R.U.I., in materia medica; and Dr. J. Lorrain Smith, M.D.Edin., in pathology.

Fatty Ills and Their Masquerades.—This is the title of a work by Ephraim Cutter, M.D., LL.D., and John Ashburton Cutter, B.S., M.D. The matter of the book was in part delivered to the College of Physicians and Surgeons of Boston by the elder Dr. Cutter. It is a contribution to clinical medicine for practitioners and students, to emphasize the inestimable value of the microscope in detecting the pre-stages of amaurosis, angina pectoris, apoplexy, Bright's disease, cataract, dementia, fatty heart, gall-stones, glaucoma, hæmatophilia, locomotor ataxy, etc., and the like value of American means of treatment in these pre-stages and in those advanced states usually considered incurable. The price of the book, cloth-bound, is $1.00

The British Medical Journal.—At the meeting of the Council of the British Medical Association held recently, Dr. Dawson Williams, Assistant Editor, who has been connected with the editorial department of the journal for seventeen years, and has on many occasions discharged the duties of acting editor, was unanimously appointed editor of the British Medical Journal. At the same time Mr. C. Louis Taylor, who has been sub-editor for the last eleven years, was appointed assistant editor.

Declaration of Independence.—Year after year, for more than a century, the Declaration of Independence has been solemnly read in every city, town, and hamlet of the United States to thousands of Americans who have heard it over and over again, and who listen to it in reverent silence and rejoice that it is theirs to read. If it had been badly written, the most robust patriotism would be incapable of this habit. False rhetoric or turgid sentences would have been their own death-warrant, and the pervading American sense of humor would have seen to its execution. The mere fact that Jefferson's words have stood successfully this endless repetition is infallible proof that the Declaration has the true and high literary quality which alone could have preserved through such trials its impressiveness and its savor. To those who will study the Declaration carefully from the literary side, it is soon apparent that the English is fine, the tone noble and dignified, and the style strong, clear, and imposing. —From "The Story of the Revolution," by Senator H. C. Lodge, in Scribner's.

Lecture on Greenland.—An interesting and instructive lecture was given in the Amphitheatre of the Medico-Chirurgical College for the benefit of the Medico-Chirurgical Hospital. The lecture was delivered under the auspices of the Ladies' Aid Society by Dr. William E. Hughes. The subject was "Reminiscences of the First Peary Expedition in Greenland," a subject upon which Dr. Hughes is well entitled to speak. Photographic views by Dr. Benjamin Sharp were exhibited in illustration of the reminiscences.

Annales d'Electrobiologie, d'Electrotherapie, et d'Electrodiagnostic.—This is the title of a new journal, published in Paris, and dedicated to the subject of electricity in its application to biology, therapeutics, and diagnosis. The first issue appeared on January 15th. Successive numbers are to be issued every two months. The periodical is under the editorial management of A. d'Arsonval, A. Tripier, G. Apostoli, E. Doumer, and M. Oudin, the editor-in-chief being Dr. E. Doumer. The first issue contains papers by d'Arsonval, Tripier, Apostoli, Oudin, Doumer, and Levezier.

The new journal will doubtless fill a place of its own and will be instrumental in extending a knowledge of the importance of electricity in medicine.

Auscultation of the Mouth.—Professor Galvagni calls attention to the valuable information to be derived by auscultation of the mouth in regard to incipient tuberculosis, etc. The râles are reflected from the bucco-pharyngeal cavity as from a sounding-board. He also notes a peculiar jerky glottic sound, not in the inspiration, but commencing in the pause, attaining its height about the middle of expiration,

Digitized by Google

diminishing and vanishing completely at the commencement of the inspiration. It coincides with the rhythm of the pulse, and has been noticed in several tuberculous patients, and in one case of gastralgia of uterine origin.—Journal of the American Medical Association.

London (Canada) Medical Association.—At the annual meeting, the following officers were elected for the ensuing year: President, Dr. F. R. Eccles; vice-president, Dr. R. Ferguson; recording secretary, Dr. W. M. English; corresponding secretary, Dr. W. S. Macdonald; treasurer, Dr. J. Macarthur.

Terre Haute Medical Society.—At the annual meeting the following officers were elected: President, C. E. Givens, Lewis, Ind.; vice-president, J. R. Willis, Terre Haute; secretary, M. R. Combo; treasurer, C. M. Smith; censors, L. J. Weinstein, G. W. Crapo, and S. D. Weir; programme, John Cooper, Walker Schell, and T. W. Moorhead.

Railway-surgeon.—Dr. P. C. Remondino resigned the position of local surgeon of the Southern California Railway at San Diego and Dr. J. C. Hearne was appointed in his place.

Pasadena (Cal.) Medical Society.—The Pasadena Medical Society elected the following officers at its last meeting: President, Dr. Fordyce Grinnell; vice-president, Dr. Charles L. King; secretary and treasurer, Dr. J. E. Janes. Board of Censors, Drs. D. B. Van Slyck, C. A. Briggs, and S. P. Swearingen.

Professor William H. Welch.—Dr. William H. Welch, Professor of Pathology in Johns-Hopkins University, has been appointed a member of the Maryland State Board of Health.

A Sign of Cardiac Failure.—Henry Jackson, of Boston, calls attention to one of the signs of cardiac failure which is of great import, though it meets with but little notice in the articles upon this condition, namely: a discrepancy between the rate of the arterial pulse and the rate of the heart-beats. He has observed in many instances that in cases of extreme cardiac weakness the pulse was very slow, intermittent, and irregular, while the heart was rapid, and refers not to cases in which it is extremely difficult to count the pulse, as is always the case when the pulse is irregular, especially when the rhythm of the pulse is irregular, but to cases in which the most accurate taking of the pulse by trained persons does not show a rapid pulse-rate, yet examination of the heart shows that its action is extremely rapid.—Canadian Medical Review.

Assistant Editor.—Dr. H. R. Hall has been appointed assistant editor of the Medical Mirror.

Philadelphia Neurological Society.—The following are the officers elected for the present year: President, Dr. F. X. Dercum; vice-presidents, Drs. Wharton Sinkler and H. A. Hare; secretary, Dr. W. G. Spiller; treasurer, Dr. Guy Hinsdale.

Alumni Association of Jefferson Medical College.—The following officers were elected for the ensuing year: President Dr. William H. Warder; vice-presidents, Dr. John Strobel, Dr. I. P. Strittmatter, Dr. George McClellan, Dr. G. R. Morehouse; corresponding secretary, Dr. Thomas G. Ashton; recording secretary, Dr. Wilmer Krusen; treasurer, Dr. E. L. Vansant; chairman of executive committee, Dr. Hobart A. Hare.

Colorado Medical Library Association.—At the Fourth Annual Meeting of the Colorado Medical Library Association, the following officers were chosen for the year 1898: President, Dr. W. P. Munn; treasurer, Dr. Laura L. Liebhardt; secretary, Dr. Henry Sewall; librarian, Mr. John Parsons.

Chancre of the Lip Probably Acquired Through the Use of a "Rouge Stick."—Dr. Douglass W. Montgomery, of San Francisco, has reported a case of chancre of the lip in an unmarried girl, 20 years of age, regarding the probable origin of which he says:—

"On one of her visits to my office, the patient, as a possible solution of the riddle of how she became infected, told me of a custom of which, up to that time, I had known nothing. She said 'that, in some of the hair-dressing establishments, the hair-dresser, as a final touch, drew a moistened "rouge stick" across the lips of her customers.' This 'rouge stick' is a cylinder composed of a firm, red ointment. The firmness necessitates a slight moistening before being applied, and, disgusting to relate, this is frequently accomplished by the hair-dresser first putting it in her own

Digitized by Google

mouth and then deftly drawing it across the lips of her customers. Then, again, all customers are treated with the same 'stick,' and my patient told me that 'in the shop where she usually went to have her hair dressed she had noticed many "chemical blondes" and otherwise strikingly dressed women.'

"It is not at all likely that this filthy use of the 'rouge stick' is a custom peculiar to San Francisco, and with such favorable means of conveying syphilis it is wonderful that cases so acquired have not been reported before."—Canadian Medical Review.

McGill University, Montreal.—An additional chair of chemistry has been founded and endowed in this university by Mr. W. C. McDonald, who recently erected a new chemical building at a cost of $240,000. The same donor has provided an additional endowment of $50,000 for the faculty of law, to the deanship of which faculty, with the chair of Roman law, Mr. F. P. Walton, of the Scotch Bar, was recently appointed. Mr. McDonald has, moreover, supplemented the existing endowments associated with his name by a further gift of $200,000 to provide for any deficiency in income that may result from the fall in the rate of interest in investments.—New York Medical Journal.

Etiology of Chorea.—Legay has published some interesting statistics relative to the origin of chorea, from which it appears that the disease is found in those who have a neurotic heredity with almost always a recent infection. This infection in the majority of cases is rheumatism, but there are many instances of chorea arising from other conditions, more particularly various specific diseases, such as measles, with or without broncho-pneumonia, scarlet fever, typhoid, influenzic bronchitis, tuberculosis, and varicella, even boils with marked glandular enlargement, impetiginous eruptions on the head, and suppurative otitis. All these seem capable of producing chorea.—British Medical Journal.

Medico-psychological Society of Paris.—The officers elected for the present year are: Dr. Meuriot, president; Dr. Jules Voisin, vice-president; Dr. Ritti, secretary-general; Drs. Sollier and Semelaigne, annual secretaries.

Practical Therapeutics.—The above is the title of a journal published by H. K. Mulford Co., of Philadelphia and Chicago. There is much interesting matter in the journal, and, although to a certain extent a trade publication, it is conducted in an ethical and scientific spirit in accordance with the high reputation of the H. K. Mulford Co.

Academy of Medicine of Kansas City.—The recent election of officers resulted as follows: President, Robert T. Sloan, M.D.; vice-president, Hal Foster, M.D.; secretary, Ralph Brown, M.D.; treasurer, C. Lester Hall, M.D.; censor, J. H. Austin, M.D.

Columbus Academy of Medicine.—Officers of the Columbus (Ga.) Academy of Medicine for 1898 are: president, Dr. George J. Grimes; vice-president, Dr. T. E. Mitchell; secretary and treasurer, Dr. Charles D. Wall.

Androscoggin County (Me.) Medical Society.—At a regular meeting of the Androscoggin County Medical Society the following officers were elected for the ensuing year: President, E. W. Russell, M.D.; first vice-president, B. G. W. Cushman, M.D.; second vice-president, Ernest Crocket, M.D.; recording secretary, Wallace E. Webber, M.D.; corresponding secretary, Aurelia Springer, M.D.; treasurer, R. R. Ricker, M.D. Standing Committee: F. L. Dixon, M.D.; C. E. Norton, M.D.; W. K. Oakes, M.D.

Central Oklahoma Medical Association.—The officers for the present year are: Dr. J. S. Wallace, of Pond Creek, president; Dr. G. B. Armstrong, of North Enid, vice-president; Dr. O. D. Taft, of Garber, second vice-president; J. H. O'Rear, of Jefferson, third vice-president; Drs. J. K. Julian, G. W. Fairgrieve, and G. W. Kerr, board of censors; Dr. H. B. McKenzie, of Enid, treasurer; Dr. M. A. Kelso, of Enid, secretary.

York County (Me.) Medical Society.—The following officers were elected for the ensuing year: President, John Lord, M.D., of Biddeford; first vice-president, W. T. Goodale, M.D., of Saco; second vice-president, W. J. Maybury, M.D., of Saco; secretary, J. A. Randall, M.D., of Old Orchard, Maine; treasury, J. S. Barker, M.D., of Newfield, Maine; censors, J. N. McCorrison, M.D., C. M. Sleeper, M.D., and C. J. Emery, M.D.; auditors, J. D. Haley, M.D., E. D. O'Neil, M.D., and H. A. Weymouth, M.D.

Digitized by Google

Hartford (Conn.) Medical Society. — Officers were elected for 1898 as follows: President, Dr. G. Pierrepont Davis; vice-president, Dr. Horace S. Fuller; secretary, Dr. Gideon C. Segur; treasurer, Dr. Charles D. Alton; executive committee, Dr. Homer L. Law, Dr. Thomas F. Kane, and Dr. Edward K. Root, with the secretary and treasurer *ex officio*; dispensary committee, Dr. Henry P. Stearns, Dr. Melancthon Storrs, Dr. Joseph E. Root, Dr. John O'Flaherty, Dr. Edward J. McKnight, and Dr. Edward K. Root; censors, Dr. Phineas H. Ingalls, Dr. Frederick T. Simpson, and Dr. Charles E. Taft; trustees, Dr. Gurdon W. Russell, Dr. Melancthon Storrs, and Dr. George R. Shepherd.

Announcement of New Books.—The following books are in press and will soon be issued by the publishers, J. B. Flint & Co., 104 Fulton Street, New York: "Flint's Encyclopædia of Medicine and Surgery." Second (1898) edition, 1555 pages. "Hartley-Auvard System of Obstetrics." Third (1898) edition, 436 pages, 543 illustrations. Revised by Dr. John D. Hartley. "Pozzi System of Gynæcology." Third edition. Revised by Dr. John D. Hartley.

Removal of Dr. McDiarmid.—Dr. A. McDiarmid, formerly Professor of Obstetrics and Gynæcology in Manitoba Medical College, has removed to Chicago, and is now Professor of Obstetrics in the Post-Graduate Medical School and Hospital.

Manchester (Eng.) Medical Society.—At the annual meeting of this society, the following officers for 1898 were elected: President, Mr. G. A. Wright; vice-presidents, Mr. Collier, Dr. Godson, Dr. Harris, Dr. Reynolds; treasurer, Dr. Glascott; secretary, Mr. Coates; committee, Dr. P. Ashworth, Dr. A. Brown, Dr. J. G. Clegg, Dr. Edge, Dr. T. A. Helme, Dr. Milligan, Mr. Milner, Mr. J. E. Platt, Dr. Torrop, Dr. Wild, Dr. A. T. Wilkinson, Mr. A. Wilson; library committee, Dr. Kelynack, Mr. J. W. Smith, Dr. R. T. Williamson; auditors, Dr. Goodfellow, Dr. Ledward.

A Nurse Honored.—The decoration of the Legion of Honor has just been conferred upon Miss Bottard who for fifty-six years has served in the nervous-disease service of the great Paris hospital of la Salpêtrière, under Charcot for many years, who ascribed much of his success to her unparalleled devotion. Several times three years have passed without her leaving the premises.—Journal of the American Medical Association.

Anderson's College Medical School, Glasgow.—Mr. Joseph Carroll, M.B., C.M.-Glasg., D.P.H.Cantab., has been appointed Lecturer on Hygiene and Public Health at this school in room of the late Dr. J. Pearson Munro.

Physiological Action of Massage on Glandular Secretion. — Colombo, experimenting on dogs with gastric and biliary fistulæ, has estimated the effect of massage on the amount and quality of the gastric juice, bile, and renal secretion. He found that as regards the gastric juice the quantity which came through the fistula in the space of two hours was more than double that which flowed without massage. Massage for five minutes made no difference, but when continued for fifteen minutes the secretion reached its maximum; if continued longer the amount remained about the same, but the quality was poorer. As regards the bile, the best results were obtained by ten minutes' percussion followed by ten minutes' friction and kneading. Ten minutes' abdominal massage also increased the amount of urine; slight traces of albumin were observed in the first few minutes after massage, but this was only transitory. In each case the watery part of the secretion was increased out of proportion to the specific elements. This suggests that the observed increase is largely due to a greater flow of blood and better filtration in the various organs concerned. —British Medical Journal.

The Passage of Solid Particles and Air from the Bladder into the Kidneys, etc.—Professor L. Lewin announces that he has established by experimental tests that air and solid bodies (ultramarine blue or green rubbed into a gum-arabic solution, etc.), introduced into the bladder, find their way by mechanical or peristaltic action, or both, through the ureters into the kidneys, and from there, through the uriniferous tubules, the lymph-spaces, and the blood-vessels, into the circulation, the heart, pulmonary vessels, and even the liver. If the renal vein is severed after being ligated toward the centre, and ultramarine green is injected into the bladder under high pressure, it soon appears in the fluid issuing from the

Digitized by Google

vein. He proves, thus, that there is natural communications between the bladder and the heart, which allows the passage of air and solid particles, much more of living micro-organisms, and explains many sudden deaths from embolism and certain general infections.—Journal of the American Medical Association.

Book Reviews.

An American Text-book of Genito-Urinary Diseases, Syphilis, and Diseases of the Skin. Edited by L. Bolton Bangs, M.D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, and to the Methodist Episcopal Hospital, Brooklyn; Late Professor of Genito-Urinary and Venereal Diseases in the New York Post-graduate Medical School and Hospital, etc.; and W. A. Hardaway, A.M., M.D., Professor of Diseases of the Skin and Syphilis in the Missouri Medical College, St. Louis. Illustrated with 300 engravings and 20 full-page colored plates. Philadelphia: W. B. Saunders, 1898.

This work, encyclopædic in character and covering, as it does, a wide field, is, by the skillful co-operation of editors and contributors, restricted to the compass of a single bulky, but not unwieldy, volume. This has been accomplished by judicious condensation of statement and exclusion of matters of minor importance. As intimated, the work is the production of a number of writers, each of whom has been allowed perfect freedom in the expression of opinion. The contributors are all well-known teachers. In the list we read such familiar names as B. Farquahar Curtis, G. Frank Lydston, J. William White, Christian Fenger, Edwin Martin, James S. Howe, Charles W. Allen, I. E. Atkinson, A. B. Robinson, M. B. Hartzell, F. J. Shepherd, Condict W. Cutler, S. Politzer, Isadore Dyer, besides the editors and numerous other writers. Through the individual and joint labors of these authors we have an excellent treatise, modern in tone, sufficiently full for every practical purpose, yet not overloaded with verbiage, detail, and repetition. The diseases which may attack the different parts of the genito-urinary apparatus are all described, as well as the methods of urine-analysis.

As regards urethritis, Dr. Lydston gives some very interesting suggestions concerning the possible evolutionary changes and variations in virulence of the gonococcus. This writer disparages an abortive treatment of gonorrhœa and believes that a better average result than a cure of gonorrhœa in six weeks, the patient meanwhile being able to go about his business, is scarcely to be hoped for in virulent urethritis. In writing of diseases of the prostate Dr. J. William White describes the various operative procedures which have been practiced for the relief of these distressing conditions, and presents the indications for and results of the operation proposed by himself, viz.: castration. The section upon diseases of the ureter, by Dr. Christian Fenger, is an excellent presentation of the subject by one who is equally distinguished as a pathologist and operative surgeon. The subject of syphilis is divided among several writers. The customary course of the disease is portrayed by Dr. James S. Howe, while syphilitic affections of the muscular, bony, respiratory, circulatory systems; the nervous system; and the eye are discussed by other writers. The treatment of syphilis is the work of Dr. Robert Holmes Greene. We are not sure that this subdivision of a single disease is a judicious arrangement, yet, as syphilis is a disease-world in itself, and the articles are all well prepared, it may be to the advantage of the reader.

That part of the work devoted to diseases of the skin constitutes a treatise of more than 400 pages, from the pens of many of the active specialists of this country. It will be found of essential service to the general surgeon, to whom many of the skin diseases originally come.

The typography is excellent and the full-page colored plates are of rare beauty. The work is well indexed.

Annual and Analytical Cyclopædia of Practical Medicine. By Charles E. de M. Sajous, M.D., and One Hundred Associate Editors, Assisted by Corresponding Editors, Collaborators, and Correspondents. Illustrated with Chromolitho-

Digitized by Google

graphs, Engravings, and Maps. Volume I. Philadelphia, New York, Chicago: The F. A. Davis Company, Publishers, 1898.

This beautiful example of the publishers' and printers' art is a remodeled form of the celebrated "Annual of the Universal Medical Sciences," so favorably known to the profession for the last ten years. The latter publication has proved of extraordinary value in assisting the studious physician to keep pace with the enormous and rapidly-growing literature of the profession. The extent of that literature upon all subjects is, indeed, appalling, and the existence of a guide to its intricacies is of prime necessity. This need, together with the careful judgment by which current literature was epitomized, fully accounts for the great success attained by the "Annual." It has been thought, however, that the plan of the publication, excellent as it was, might be brought a step nearer to absolute perfection.

The present volume contains a series of articles descriptive of diseases, alphabetically arranged from "Abdominal Injuries" to "Bright's Disease." Within this limit the text consists of a description of the diseases, their symptoms, causes, pathology, diagnosis, and treatment. The reader will thus have at his immediate disposal a succinct account of these disorders. By a variation of the type the reader may readily review the full literature of any given disease or may confine his attention to the additions of the last year or two. The successive volumes will all be brought up to date in every respect.

The plan upon which the different articles are written is decidedly useful. Individual symptoms, as asthenopia, aphonia, etc., are not described under different sections, but under the diseases of which they form part. Thus space has been gained which can more profitably be devoted to subjects which are scantily treated in most text-books.

An authoritive work arranged upon the plan outlined above cannot fail to commend itself to all, and we venture to predict that, however undeniably useful the "Annual" has hitherto been, its field of usefulness will be vastly extended by the present "Cyclopædia."

The editor has been assisted in the preparation of this volume by a large staff of efficient collaborators.

A Laboratory Text-book of Pathology for the Use of Students and Practitioners of Medicine. By Horace J. Whitacre, B.S., M.D., Demonstrator of Pathology in the Medical College of the University of Cincinnati. With 121 Illustrations. Philadelphia: P. Blakiston, Son & Co., 1897.

This book is not intended as a complete treatise upon pathology, but as a table-companion to the student in his microscopical work in the laboratory. The text is, therefore, brief and to the point. Most of the illustrations are photomicrographs, which give an actual picture of the lesions and not schematic presentations. The learner, in this manner, may early familiarize himself with actual appearances. The book is a faithful representative of the microscope.

Fat and Blood. An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M.D., LL.D. (Harvard), Member of the National Academy of Science, etc. Seventh Edition. Philadelphia: J. B. Lippincott Company, 1898.

If there are still any practitioners who have not yet read this interesting and valuable monograph they should lose no time in procuring a copy. The method of treatment proposed has been long enough before the world and sufficiently tested to prove its work in the class of cases to which it is adapted. These are precisely the cases which formerly almost drove to despair the physician and neurologist. In this edition a few changes have been made in accordance with increased experience. The chapter on massage has been wholly rewritten.

Report of the Health Department of the City and County of San Francisco for the Fiscal Year Ending June 30, 1897. San Francisco: The Hinton Printing Company, 1897.

The report is accompanied by tabular statements of the mortuary, vital, and hospital statistics of the city of San Francisco, and, like analogous reports of other cities, is full of information to those interested—and all physicians should be interested—in the subject of public health.

Digitized by Google

COMMERCIAL NEWS.

A Reliable Food.

Imperial Granum has won the confidence of physicians because many years of clinical experience have proved it to be a form of nourishment that is acceptable to the palate and to the most delicate digestion at all periods of life.

It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to malassimilation, and chronic, gastric, and enteric diseases has been incontestably proved; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the imperial granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.

An Analgesic and Sedative.

Dr. A. M. Ritter, of Milo, Ohio, January 29, 1898, writes: "I wish to speak especially of the merits of papine, as an analgesic and sedative. I have had success with it when all other remedies of like character had failed. One case, in particular, of intestinal indigestion, in a child 12 months old, attended with a great amount of pain, nervousness, and insomnia. The remedy worked like a charm in relieving pain and giving rest. The remedy was given in 5-drop doses to begin with, as required to give rest and relieve pain. Papine was used in this case for at least six months, in increasing doses, without doing the least harm. It has been now three months since papine has been discontinued, and the child is in perfect health. I regard papine one of our most valuable remedies as a pain-reliever and nerve-sedative in well-selected cases."

Cocaine Anæsthesia Rendered Safe.

Next in importance to the discovery of a new remedial agent, is its exhibition in a form in which it can be conveniently, safely, and agreeably utilized in general medical practice. It is for this reason that attention is called here to a new method of application of cocaine which greatly facilitates its employment as a local anæsthetic. One of the chief difficulties in the use of this drug has been the fact that, as ordinarily dispensed, solutions of cocaine are apt to rapidly deteriorate and then produce irritating effects. Aside from this, the rapid decomposition taking place in these solutions renders it impossible to be certain of the quantity being employed in any given case, and this uncertainty in dosage is, no doubt, responsible for the disappointment occasionally met with in its use. It will, therefore, be of interest to medical men to learn that cocaine is now obtainable in a form in which it can be employed more safely, agreebly, and efficiently, than in the past. Cocaine discoids contain accurately-weighed quantities of pure cocaine, and, owing to their mode of manufacture, not being compressed, dissolve in a drop or two of water. Their use enables the physician or dentist to prepare any desired amount of a fresh cocaine solution at a moment's notice, and, as the quantity of the drug employed is always known and under his direct supervision, accidents arising from overdosage are practically avoided.

Guaiaquin.

We have just received a copy of a pamphlet on the new preparation "Guaiaquin," recently issued by McKesson & Robbins, New York. It has evidently been produced with much care, and at very considerable expense, and contains information which we think will render it of undoubted value to every physician. Its colored plates showing the various stages in the life-history of the malarial parasites are particularly good, and the most complete which have as yet been issued on this subject.

Practice *vs.* Theory.

Fanciful theories (*à la* hammer-and-board test) cannot exist in opposition to years of practical application of William R. Warner & Co.'s standard pill formulæ: years which have demonstrated the rapid disintegrating properties and consequent therapeutic value of Warner's soluble pills. Millions of William R. Warner & Co.'s pills have been used by practitioners throughout the world, and the immense number of professional indorsements we have attest their solubility and potency.

Commenting on the "hammer-and-board" test, the Monthly Retrospect of

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

PILLS FOR DYSPEPSIA, MALASSIMILATION OF FOOD, ETC.

PIL. ANTISEPTIC.
(WARNER & CO.)

EACH PILL CONTAINS:

Sulphite Soda . . . . . 1 gr.
Salicylic Acid . . . . . 1 gr.
Ext. Nuc. Vom. . . . . ¼ gr.

Dose—1 to 3 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach, and enfeebled digestion following excessive indulgence in eating or drinking. It is also used with advantage in rheumatism.

PER 100, 55 CENTS

PIL. ANTISEPTIC COMP.
(WARNER & CO.)

FORMULA:

Sulphite Soda . . . . . 1 gr.
Ext. Nuc. Vomica . . . . . ½ gr
Salicylic Acid . . . . . 1 gr.
Powd Capsicum . . . . . 1-10 gr.
Concent'd Pepsin . . . . . 1 gr.

Try this pil. Used in all cases where there is no well-defined malady, yet patient is not well.

PER 100, 55 CENTS.

PIL. DIGESTIVA.
(WARNER & CO.)

℞—Pepsin Conc't . . . 1 gr. Gingerine . . . . . 1-10 gr.
Pv. Nuc. Vom. . . . ¼ gr. Sulphur . . . . . ⅛ gr.

In each pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by overindulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill Pil. Digestiva is unequaled and may be taken in doses of a single pill, either before or after eating.

PER 100, 60 CENTS.

W. R. WARNER & COMPANY,

PHILADELPHIA. NEW YORK. CHICAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

FORMULA:

Sodium Phosphate, C. P., Sodium Sulphate, C. P., Sod. et Pot. BITART., and Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Digitized by Google

Medicine and Pharmacy sums up the whole matter in a few words:—

"Is it possible that physicians have prescribed an 'insoluble and inert' class of preparations throughout their career? If so, the question naturally presents itself: to what can be traced the excellent results following the administration of mass pill in numberless instances? If the ingredients of these mass pills did not oppose and correct a diseased condition, what did?

"Any remedial agent which has 'deteriorated with age' and is 'insoluble' would have no effect when taken. Therefore, if the desired results are obtained and the patient has been cured, that is *prima facie* evidence that the said remedy has not 'deteriorated' and that it is entirely soluble."

Physicians relying on an experience of over forty years with "Warner's soluble pills" with satisfactory results, will continue to prescribe the pill which disintegrates in twenty minutes (Warner's pil. cathartic compound), in preference to the one that disintegrates in one hour and five minutes (friable pil. cathartic compound), even though the former will "dent a board" and the latter will not.

Warner's pills are soluble, potent, permanent, and reliable, because they are prepared from pure drugs, in a scientific manner. The coating (sugar or gelatin) hermetically seals and protects the contents indefinitely, and, upon ingestion of the pills, the coating dissolves in a few minutes, thus liberating its ingredients in a condition favoring rapid assimilation.

Celerina in Enervation.

W. Irving Hyslop, M.D., 4408 Chestnut St., West Philadelphia, Pa., says: "I have used celerina quite largely both in private and hospital practice, and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve-power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice."

Proper Treatment of Headaches.

J. Stewart Norwell, M.B., C.M., B.Sc., House-surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for Medical Reprints, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language:—

"One could multiply similar cases, but these will suffice to illustrate the effects of antikamnia in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.:—

(*a*) It is a specific for almost every kind of headache.

(*b*) It acts with wonderful rapidity.

(*c*) The dosage is small.

(*d*) The dangerous after-affects so commonly attendant on the use of many other analgesics are entirely absent.

(*e*) It can, therefore, be safely put into the hands of patients for use without personal supervision.

(*f*) It can be very easily taken, being practically tasteless."

Removal Notice.

The well-known house of Victor Koechl & Co., importers of medicinal preparations, such as antipyrine, lanoline, Behring's antitoxine, argonin, orthoform, etc., announce their removal from No. 79 Murray Street to the new modern six-story building No. 122 Hudson Street, at the corner of N. Moore Street. The necessity of obtaining larger and more commodious quarters and better shipping facilities is the reason for making this change.

Treatment of Whooping-cough by Phenocoll.

"M. Cargus, of Barcelona, first tried phenocoll in 1895, and derived from it very good results. I have used it, too, in seven children who were attacked with whooping-cough during measles. In all there was marked and rapid improvement. The remedy diminished the frequency of the attacks and their intensity; the nocturnal attacks, especially, were less frequent, and the total duration of the disease notably lessened. The dose administered was from 1 to 2 grammes daily. M. Fabistocherski has had like success in forty cases at the Hospital 'St. Olga.' Without being a spe-

(Continued on advertising page 20)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

FATTY Degeneration

of the tissues, heaviness and discomfort are promoted by excessive starch food.
Dr. Gaillard says:
"In the study of Cereal Foods it is only necessary to remember that the gluten of such foods is their nitrogenized element, the element on which depends their life sustaining value, and that this element is, in the foolishly fashionable white flour, *almost entirely removed* while the starch, the inferior element is left behind. To use White Flour from which the gluten has been removed, is almost criminal; that it is foolish and needless needs no further demonstration."

Franklin Mills Flour

A Fine Flour of the Entire Wheat
is rich in gluten and will relieve consumers from excessive starch eating.
If your grocer does not keep **Franklin Mills Flour**, have him order some for you or send us his name and your order—we will see that you are supplied. See that the Flour delivered bears our label; avoid substitutes. Booklet free.
The genuine made only by the
Franklin Mills Co., Lockport, N. Y.

Tannalbin in . . . DIARRHŒA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin.
Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin ALTERATIVE ANTIRHEUMATIC ANTICATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent of ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

cific remedy, phenocoll offers real advantages in whooping-cough, and should always be resorted to when other remedies, particularly morphine, are contra-indicated, especially in young children, in whom the disease is often dangerous. There are no inconveniences attending its use."—Med. Rev. of Reviews, Feb., 1898.

Sanmetto an Invaluable Addition to our Materia Medica.

"It gives me pleasure to state that sanmetto at my hands has proven all that its manufacturers claim for it. I regard it an invaluable addition to our materia medica." Schuyler C. Graves, M.D., Dean and Professor of the Principles of Surgery and Clinical Surgery, and Clinical Professor of Abdominal Surgery, in the Grand Rapids Medical College, Grand Rapids, Mich.

Hints in the Treatment of Subinvolution.

Among the conditions concerned in the causation of uterine diseases subinvolution is one of the most frequent and important. The reason for this is obvious. If after childbirth or miscarriage the uterus does not undergo completely the normal retrograde process, if it remains enlarged engorged with an hypertrophied mucous membrane, inflammatory changes are readily developed and endometritis, displacements, and serious pelvic disease may result. One of the chief obstacles to efficient local medication has been the lack of a topical remedy which could be safely intrusted to the patient. This want has now been fully supplied in Micajah's medicated uterine wafers. These wafers are cleanly, unirritating, easily applied, and their ingredients exert a depleting effect upon the engorged mucous membrane, establishing normal circulation, and thereby causing the absorption of exudates into the tissues, and adding the natural process of involution.

Multiple Neuritis.

Various chronic affections of the nerves of an inflammatory character—as neuritis, perineuritis, multiple sciatica—are secondary mostly to such acute diseases as rheumatism and syphilis. To treat these affections by sedatives merely is irrational, alteratives and absorbents being indicated, although the physician must be careful, in the selection of drugs, so as to cause no other derangements (like iodism from potassium iodide). Henry's tri-iodides will prove itself of great value and will not be followed by disagreeable symptoms.

Diphtheria and Diphtheritic Sore Throat.

"Campho-phénique, in the form of a spray, is superior to all other remedies."—Drs. Collingham and Melton, Aurora, Mo.

"I find campho-phénique remarkably effective in diphtheria and diphtheritic sore throat, used as a spray."—Dr. L. A. Roth, Springs Forge, Pa.

"Campho-phénique, well diluted and used as a spray, has great energy and effect in diphtheritic sore throat."—F. H. Lutterbeck, Anthony, N. M.

"I have met with such excellent results with it in the treatment of diphtheria that I would not undertake to treat a case without it. My formula is: campho-phénique, 2 parts; water, 2 parts; mistura acaciæ, 4 parts. Suspend campho-phénique in the mixture and apply with a probang."—Dr. John E. Pritchard, No. 1010 Chesapeake Street, Baltimore, Md.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

A USEFUL NERVE STIMULANT AND TONIC.—CELERINA is a powerful stimulant WITHOUT the depressing AFTER-EFFECTS of alcohol, caffeine, nitro-glycerine, etc. It is also a reliable Nerve Tonic. A pleasant exhilaration is experienced after a dose of one or more teaspoonfuls, and under its continued use a renewed capacity for mental and physical exertion results. It is indicated in all forms of exhaustion, mental inertia, and senile weakness.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Digitized by Google

DR. McMUNN'S

Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

E. FERRETT, Agent, 372 Pearl Street, New York.

ANTI-TUBERCLE SERUM (PAQUIN)

ANTI-DIPHTHERITIC SERUM (PAQUIN)

ANTI-TETANIC SERUM (PAQUIN)

ANTI-STREPTOCOCCUS SERUM (PAQUIN)

INDICATED IN

Tuberculosis
Diphtheria
Tetanus (Lock-jaw)

Puerperal Fever, Septicemia, Mixed Infections of Tuberculosis and Diphtheria, Erysipelas, Scarlatina, Pyemia, Bronchitis, Bone and Joint Tuberculosis.

Tuberculin, Erysipelas Toxin, Mallein, Vaccine Points, Cultures Pathogenic and Non-Pathogenic, Slides of Germs, Outfit for Microscopical Diagnosis of Tuberculosis, Chemic, Bacteriologic and Microscopic Analyses Made.

Brochure, with Clinical Reports, also Vials for Mailing Specimens for Analysis, sent on Application.

THE PAUL PAQUIN LABORATORIES CO., 209 N. 7th St., ST. LOUIS, MO.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 4, 1897, and continues until May. It is preceded by a Preliminary Session of two weeks, and followed by a Post-Graduate Course until middle of June.

Preliminary examination, or equivalent degree, and four years' graded course obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practical demonstrations. In the subjects of Anatomy, Pharmacy, Chemistry, Physiology, Hygiene, Therapeutics, Histology, and Pathology and Bacteriology special practical laboratory instruction is given. Also bedside instruction in Medicine, Surgery, and Gynæcology.

Examinations are held at the close of each Regular Session upon the studies of that term.

FACULTY:

Therapeutics, Skin, and Venereal Diseases, J. V. Shoemaker, M.D., LL.D.
Practice.....J. M. Anders, M.D., Ph.D.
Surgery and Pathology.....Ernest Laplace, M.D., LL.D. / Wm. L. Rodman, M.D.
Obstetrics.....W. Frank Mashalen, M.D., Ph.D.
Gynæcology.....W. Easterly Ashton, M.D.

Ophthalmology.....L. Webster Fox, A.M., M.D.
Physiology.....Isaac Ott, A.M., M.D.
Hygiene.....Seneca Egbert, A.M., M.D.
Clinical Medicine.....William E. Hughes, M.D.
Nervous Diseases.....Chas. W. Burr, A.M., M.D.
Children's Diseases.....W. C. Hollopeter, M.D.

For further information or announcement, address

SENECA EGBERT, A.M., M.D., DEAN,
Medico-Chirurgical College, Philadelphia, Pa.

PURE SANDAL OIL CAPSULES.

				PER DOZ.
List No. 53A	12 in Box	10	Min-	$ 2.25
" 53	24 "		ims	4.25
" 54	36 "			6.25
" 54C	100 "		Size.	15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

			PER DOZ.
List No. 421A	40 in Vial	5 Minims Size.	$ 4.75
" 421B	80 "		9.00
" 421C	100 "		10.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

HENRY'S Three Chlorides

(LIQ. FERRISENIO HENRY'S).

THE GLANDULAR STIMULANT AND CHALYBEATE TONIC.

THERAPY: Tonic, stomachic, anti scorbutic, hæmatinic, and alterative.

Indicated in Anæmias, Chlorosis, and as a reconstructive in convalescence from any cause.

Makes Quantity and Quality of Blood.

DOSE: 1 or 2 drachms.

HENRY'S TRI-IODIDES.

(LIQ. SALI-IODIDE HENRY'S).

ALTERATIVE { Antirheumatic. Antisyphilitic.

THERAPY: In lymphatic and visceral disturbances a uric-acid solvent, and a reliable eliminant in all diathetic diseases.

1 or 2 fluidrachms in water exercises a synergistic effect over the entire range of

THE SALICYLATES AND IODIDES.

MAIZO-LITHIUM

(LIQ. LITHIUM MAIZENATE).

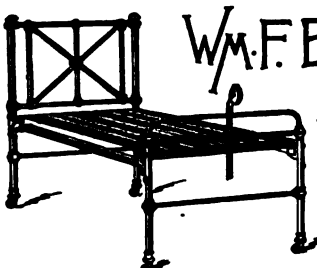
A POSITIVE DIURETIC.

STIMULATING, YET NON-IRRITATING.

THERAPY: In genito-urinary diseases, cystitis, incipient diabetes, lithæmia, urethritis, and all inflamed conditions requiring a non-irritating diuretic.

DOSE: 1 or 2 drachms. 8-oz. bottle, $1.00.

LITERATURE ON APPLICATION. HENRY PHARMACAL CO., LOUISVILLE, KY.



WM. F. BERNSTEIN & CO.

MAKERS OF HIGH GRADE

ASEPTIC

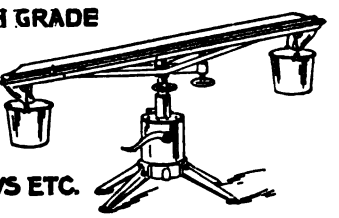
HOSPITAL FURNITURE

IRON BEDSTEADS

MATTRESSES

PILLOWS ETC.

SEND FOR CATALOGUE



FACTORY & OFFICE 917 RICHMOND ST · SHOWROOMS 4TH & CALLOWHILL STS. PHILA.

GO TO

Yellowstone Park.

Such a chance may not come again for years. The meeting of the American Medical Association at Denver affords an opportunity to visit Nature's Wonderland that every physician and surgeon should seize. You owe it to suffering humanity to do it, for you have patients who would not only enjoy, but derive untold benefit from a month's sojourn in that wonderful sanitorium. Go there yourself and you can then intelligently prescribe a Park Outing for them. Low excursion rates, it is expected, will be made from Denver, allowing a return trip *via* Northern Pacific Railway and St. Paul. From Livingston the Park Tour—of 6 days—can be made. Six cents sent to Chas S. Fee, Gen. Pass. Agent, N. P. R., St. Paul, Minn., will secure a beautifully illustrated book, Wonderland, '98, and a new relief map of the Park. This book has a long chapter descriptive of the Park. State where you saw advertisement.

SIGNS GLASS & METAL SIGNS

HIGHEST GRADE FOR PHYSICIANS, DENTISTS ETC.

J.W. RUSSELL & CO.

MFR'S 294 PEARL ST. NEW YORK.

WRITE FOR PRICE LIST.

Always Mention THE MEDICAL BULLETIN When Writing to Advertisers.

JUST READY.

New, Revised Edition of an exceedingly useful . . . book . . .

A Primer of Psychology and Mental Disease

FOR USE IN TRAINING-SCHOOLS FOR ATTENDANTS AND NURSES AND IN MEDICAL CLASSES.

By C. B. BURR, M.D.,

Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich. Formerly Medical Superintendent of the Eastern Michigan Asylum. Member of the American Medico-Psychological Association, etc.

Second Edition. Thoroughly Revised and Illustrated. 116 pages, 5¾ x 8 inches. Neatly Bound in Extra Cloth. Price, $1.00, Net, POST-PAID.

THE F. A. DAVIS COMPANY, PUBLISHERS, 1914 AND 1916 CHERRY STREET, PHILADELPHIA.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, JUNE, 1898. No. 6.

Address.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.[1]

By ISAAC OTT, M.D.,

Professor of Physiology in the Medico-Chirurgical College.

GENTLEMEN OF THE GRADUATING CLASS: This is a day of pride and gladness. Gladness that you have finished your academic curriculum, and pride that the respected president and trustees of your college have honored you with their authority to go forth into the world to heal the sick. There is no regret to intone. The necessity of our meeting is full of pleasure and profit to all. The pent-up feelings that have pressed for utterance can now be unloosed. You have arrived at the end of a very busy, but somewhat restricted, manner of life Now you are about to enter one with much wider range, with many ramifications. I am sure that not one of you will leave the scenes of your years of labor, the most important and probably the most pleasant of your life, without a feeling of disappointment that your college-days are over. For the unknown future must raise in your breast a certain degree of anxiety and a sense of professional responsibility, no matter with how much hope you may enter upon it. As students, you could chiefly help your *alma mater* by obeying her statutes and passing the examination in the best manner possible. Now, however, the days of student-life are over, and you can express your judgment upon the management of the college not only through the medical journal, but also at the annual meeting of the alumni. And I hope you will always be present at our alumni meetings and labor for your *alma mater* as she has labored for you. It is by your success as practitioners that the character and standard of your teachers will be estimated. By your tact and ability the people will decide if you are a desirable attendant when they are afflicted and wish to be cured quickly. The people, after all, are the judges of the value of a diploma of the Medico-Chirurgical College; you are simply the standard-bearers of the fame and honor of this institution, as well as of your own good reputation. See that no stigma rests either upon your *alma mater* or yourself by any miscalculation upon your part. Your college during the past year has advanced her curriculum to a four years' course, thus putting her on a level with all other colleges of this country. She has advanced to the front rank and she intends to remain there, with laboratories manned by men who not only can teach in them, but also extend the boundaries of human knowledge. She aspires to fulfill the aim of a laboratory. The science of medicine is rapidly advanc-

[1] Delivered at the Academy of Music in Philadelphia, May 21, 1898.

Digitized by Google

ing, and I shall to-day speak of the chief advances made since our last commencement.

A new hypnotic has been introduced,—pellotin,—which is of value in many cases where other agents have failed. From a little city in Bavaria we have received the discovery of the Roentgen rays. By its means, as you have often seen, we can diagnose exactly how the bones have been broken and if they have been properly replaced; how the various foreign bodies, as bullets and needles, have been lodged in our tissues; how large our heart is, and many other striking revelations.

The plague has chiefly visited the East Indies and China. The bacillus of plague was demonstrated by Dr. Kitasato in 1874, and also by Dr. Yersin. As you know, it is a disease characterized by fever and glandular enlargements. It has as its associates scarcity and want. Dr. Yersin prepared an antitoxic serum from horses for the plague, which has effected many cures. If you have the plague or diphtheria you receive serum from horses. If you have hydrophobia you receive the spinal cord from rabbits. Dr. Haffkine also prepared from the horse an antitoxic serum which worked exceedingly well. Dr. Haffkine was himself attacked with the plague, but he took his own medicine (unlike most doctors [!]), the protective serum, and recovered.

Dr. Sabouraud, a pupil of Pasteur, has made some very valuable researches on the cause of baldness. He found it was a microbian disease. The histology of the scalp in baldness shows the manner in which baldness takes place. Whenever the specific bacillus of seborrhœa attacks a hair-follicle (Sabouraud's "Researches on Baldness," April, 1897, B. M. J.), it produces around it and especially in its depth about the hair-papilla an afflux of wandering cells. Then atrophy ensues in the papilla, and a hair is grown which is gradually more and more fragile and without pigment. Finally it dies, and the dead hair is thrown off. In this affection of the hairy scalp the colonies of bacilli are excessively abundant; the sebum which is effused on the surface of the skin in the form of an homogeneous crust is composed of an infinite number of seborrhœic plugs turned out of the follicles, and each of these plugs contains millions of the bacilli. In scalps which have been attacked the microbial infection continues, so that hair once thrown off is never renewed. This sebum full of the bacilli thrown off from the hair-follicle infects slowly the follicles which are healthy. In this manner baldness is slowly produced. The infected follicle becomes hollow and intercepted by narrow diaphragms, which make antiseptics useless in this disease. Baldness, even at its final stage, has, of all skin diseases, the microbes of the greatest abundance, and also pure in their nature. Now, the bacilli of baldness do not invade the hair-papillæ, but remain in the upper third of the hair-follicle; hence the question arose: how was the hair-papilla affected? Sabouraud believed this to be due to the toxins of the microbes. To prove this theory of his, he cultivated some bacteria and then filtered through porcelain, which removed the bacilli. This filtrate was injected under the skin of a rabbit, and he at once began to shed his fur, and within forty days general baldness of hair was seen in the rabbit. Hence it was absolutely demonstrated that the toxin of the bacillus had an elective and exclusive affinity for the hair-papillæ.

Dr. Sanarelli, of Montevideo, has, in yellow fever, discovered the cause of it: the bacillus icteroides. It is found in the blood and tissues. This bacillus needs considerable humidity to grow, but resists the usual effects of drying, and has a long existence when in sea-water. This bacillus multiplies very rapidly at the end of the seventh or eighth day; starts in the spleen at first before it invades the other tissues. This bacillus produces a very active toxin, which

Digitized by Google

appears to have a special effect upon the excretory organs. This poison acts as a violent emetic, and by its action upon the walls of the blood-vessels gives rise to the black vomit. The most marked changes by the toxin are found in the kidney and liver, consisting of a fatty degeneration of these organs.

Dr. Carisquilla has made some advances in the cure of that terrible disease, leprosy. When a leper is bled the serum obtained from the blood is milky, of greenish color, and of repulsive odor. This serum is injected into a horse, and after repeated injections the serum is taken and injected into the patient. After the third or fourth injection there is a chill, which usually takes place twenty-six hours after the injection and lasts usually for two hours. There is at the same time thirst. Then ensues the hot stage; pulse, 120; temperature 40 to 41° C.; then perspiration ensues and the reaction ends. Then the leprosy becomes better; the anæsthetic form has a return of sensibility. In the tuberculous form the ulcers suppurate and then heal with extraordinary rapidity. The ulcers in the nose and ears disappear and the nose resumes its normal shape.

Dr. Lindley Scott has recently made a series of experiments upon the solubility of gall-stones in oils. He used oils at a temperature of our bodies and placed in them the gall-stones. The stones immersed in the oil were weighed from time to time. The stones lost three-fourths of their weight in forty-eight hours. His experiments showed that gall-stones were freely soluble in olive-, almond, and purified petroleum- oils.

A new substitute for cocaine has been discovered. It is called "anesin," and is also a narcotic. When applied either to the tongue or the cornea it produces anæsthesia. Subcutaneously it acts as a local anæsthetic. Its use, unlike cocaine, is without danger. It can be applied to the larynx, pharynx, and nose without any unpleasant symptoms. When applied to the cornea it does not alter the size of the pupil. It has also been used in dental operations. It is a good and harmless local anæsthetic.

At the recent meeting of the British Medical Association the profession has received more information upon the action of the anæsthetics.

Dr. Waller arrived at the following conclusions: Using ether and chloroform at various definite degrees of concentration, the action of chloroform was seven times stronger than of ether. The action of mixtures of ether and chloroform is cumulative: the sum of the action of the two constituents. Carbon dioxide, *per se*, does not increase, but rather diminishes, the prolonged action of chloroform. He admits that in the numerous deaths from chloroform the patient is not concerned, if he is to die, whether his heart stops first or his respiration. He states that there are two horns to the dilemma: thus these deaths are the result of an agent dangerous under all circumstances, or of an agent dangerous only when not skillfully given.

Then he holds: 1. If chloroform is dangerous under all circumstances, it may not be employed in minor surgery. Death in this class of cases is therefore unjustifiable and should be considered as a criminal offense. 2. If chloroform is dangerous only when not properly given, then death by chloroform is unjustifiable and ought to be considered a criminal offense. He believes there can be no escape from one or the other of these alternatives. He concludes that chloroform is a dangerous agent, to be used only on serious grounds, and not to be employed as a routine drug in all kinds of cases simply on account of its superior convenience.

Dr. Kemp also has given us new results about the anæsthesia of nitrous oxide; that it is a specific anæsthetic, not dependent on asphyxia for its effect. Asphyxia can be avoided by proper admixture of air or of

Digitized by Google

oxygen with the nitrous oxide. This gas is many times safer than either chloroform or ether, without their unpleasant after-effects.

The serum-diagnosis of typhoid fever has been studied thoroughly. Dr. W. Gilman Thompson found that, while the test was positive in a large majority of cases and negative in the greater number of other cases, there is a mean of error of about 12 per cent.

Widal believes that, as a genuine diagnostic aid, the test has about the same value as the diazo-reaction. This test can be used from the first day onward of the disease, and according to him it is absent only in 1 case in 177.

During the past year children with crooked spines, instead of waiting for a plaster jacket and time to straighten them, are now made straight at once by means of forcible traction. This method we hope will stop the appearance of people with a hump on their back.

The Council of the British Medical Association have issued some facts about small-pox and vaccination:—

1. That the mortality from small-pox is much less now than in prevaccination times.

2. The greatest diminution of the mortality of small-pox is found in the earlier years of life, in which there is most vaccination.

In countries where there is much vaccination and revaccination there is little small-pox.

In classes among which there is much vaccination and revaccination there is little small-pox.

In places where small-pox prevails it attacks a much greater proportion of the unvaccinated than of the vaccinated.

The fatality-rate among persons attacked by small-pox is much greater, age for age, among the unvaccinated than among the vaccinated. It cannot be truthfully alleged that independently of vaccination small-pox is a milder disease now than in former centuries.

The degree of protection conferred by vaccination corresponds to the thoroughness with which the operation has been performed, three or four marks being much better than one or two. Vaccination is very safe.

A Swiss surgeon has lately removed the stomach of a patient and she still survives. Physiologists had done this years ago and the animal lived and grew fat. The same operation has been repeated in this country with some successes and failures.

We have also had a new theory as the cause of sun-stroke, or siriasis. Dr. Sambon holds that in the hottest regions of the earth siriasis is unknown. Where it does occur it is not most prevalent in the warmest years or at the hottest season of the year. Dr. Sambon believes that it is an affection due to a germ. He holds that the geographical distribution, its epidemic outbursts, the condition of climate and soil under which it prevails, the relative immunity from its attack afforded by acclimatization, all point to a microbial origin. Just as cholera infantum prevails in the summer, so does sun-stroke.

These few memorabilia remind you of the onward strides of medicine, and are a stimulus to you to add, by your discoveries, to the existing knowledge. After you have passed the examination by the State, you will seek a location to practice your profession. If in a town or city, locate upon the principal street and hang out, not your wooden shingle, but the more enduring one of metal. Do not make it either too large or too small. Put Dr. before your name and not M.D. after it; they will call you doctor, not M.D. Do not put on your sign anything except your name and office-hours. Do not add, to these on the sign: "Specialty, eye and ear," or any other words. The people will soon find out if you have any knowledge worth paying for in that direction. Besides, it is far better

Digitized by Google

for you to be a general practitioner for a few years before you branch out on the treatment of some special organ. It is better to first understand the machinery as a whole before you attempt to repair the little wheels.

As to your office, let it be neat, with a library and medical journals. Permit no lounging in it by anybody, but let it be understood that you are ready for business. Be in your office during office-hours, and not at the corner drug-store hearing and retailing gossip. As to conversation, better err on the side of saying too little rather than too much. A doctor who talks too much is a nuisance and sometimes worse than one to his patients. Silence is golden; speech silver.

In your relations maintain a cordial, sympathetic way; be full of tact, and it will avail you more than an intellect like that of Helmholtz. Study character; you will have to adapt yourself to all kinds of patients. No matter what the provocation, always keep your temper and act like a gentleman. If discharged by the family, greet them next time as cordially as ever. If you are a good physician you may soon be called again. Stick to your calling; do not be mayor or chief-burgess. You will have ample to do to understand the protean aspects of disease. Do not set up a drug-store and a practice at the same time. You cannot attend to both in a successful manner; both occupations will be neglected. Do not hold confidential relations with anyone, not even your wife, as far as the affairs of patients are concerned. Not long ago a very distinguished London physician was mulcted in the sum of $60,000 for being too confidential with his wife about the affairs of another lady. You will beware of the lady down the street who is on the look-out to inquire who is sick and what is the matter with her neighbor. Be very polite to her, but avoid a direct answer to her question. You will inform her what a beautiful day it is, and that war is expected with Spain. Perhaps by that time she will forget to repeat the question.

You will not witness wills if possible to avoid it, for it may cause you to spend many days in court, and not profitable ones.

When called into court you will avoid medical names and answer the questions in the plainest manner. You will be certain to have studied up your subject, for any mistake here will be greatly to your detriment. In the questions by the lawyer, answer them in the fewest possible words.

In regard to your relations with your professional brethren, when you locate you will call upon them first, as they are busy and you are not. You will keep on good terms with them all, as you may suddenly need their help in a difficult case, or to sustain you in some unfortunate and unforseen result. No matter how learned or skillful, you will occasionally find cases so puzzling and dying in so rapid and unexpected manner that it will astonish you. As to consultation, observe the code of ethics and only consult with the regulars of the profession. You will join the medical society of your county and stand by the State and Americal Medical Associations. You will not try to form one of those little coteries in your county society which will minimize its usefulness and at the same time incur the displeasure of the mass of the profession. Rings in county societies, the perpetuation in office of certain members, are the self-destruction of the association, and are to-day the potent cause of the waning influence of the county medical. It is by this factor that many other medical associations have been formed where more science is discussed and less medical politics. As to writing for medical journals, do not be in a hurry to communicate reports of wonderful cases, for after some years of experience you may find them not to be so rare. But if after a practice of about ten years you discover a new disease or a new remedy or a new application of an old remedy, do not hesitate to communi-

Digitized by Google

cate it to the medical journals, or you may be anticipated. The multitudinous number of medical journals in this country offer a ready medium for any man to put forth his theories, observations, and remarkable cases.

When you have settled down in your office-chair waiting for patients, devote your spare time to study. If deficient in Latin, you can easily supply this by private instruction. Take at least one weekly medical journal, and be sure that it is one of the best, and read it carefully. Study your text-book on the prevailing diseases and keep up to date in all new remedies. Although the remedies may not amount to anything, let the people know that you have used them. Patients like to try new remedies, as some of them have tasted nearly the whole range of old ones. Make your medicine as palatable as possible, as a dose of chocolate given to a patient as medicine may not taste very agreeably. Avoid large doses of anything, especially of powerful agents, unless absolutely necessary. You will also not give many kinds of medicines, for not anything is more liable to upset the patient's digestion and make him feel bitter against all mankind, and especially the medicine-kind. You will have a clear idea of the disease to be treated and you will select the best medicine for it and give it in its most agreeable form of administration. The market is flooded with new medicines and many new preparations of old medicines. Many of these things are commercial clap-trap, and you will have to exercise your judgment as to the ones worth trying. Those having been tested experimentally in the laboratory and then in the hospital are most deserving of your patronage. Always give a patient, even when no disease is present, medicine even if it is diluted infinitesimally, for I have never seen a patient who went away from a physician with no medicine who felt satisfied, no matter what amount of philosophy he had.

You will probably be elected to health boards, and it may, perhaps, in your earlier years be of some profit to you. You will have to see that the water-supply of the town is not contaminated. If you should find the drinking-water like that of this city, you would be deserving of any punishment short of death if you did not exert your whole voice and power against it, and substitute sand-filtration or fresh water brought from a distance.

I have never seen in London, Paris, or Berlin, or even any little German town, a water which was not a crystal-like liquid compared with the mud and muck of this city. You will also have the care of the prevention of infectious diseases, as small-pox, and so on. The practice of medicine requires that you should prevent all diseases possible and to cure often the impossible.

As to the newspapers, beyond announcing that a new medical man has arrived, you will have to keep your name out of them. It is quite the fashion now to have a famous patient and to give out daily bulletins to the papers about his condition. But, like all fashions, you will avoid it as much as possible. It is usually not agreeable to the patient and certainly not to the mass of the profession; and like all regulations in the profession, the *vox medicinæ* is the supreme law.

When you remove a wart from Mrs. Nobody's nose do not invite a reporter to be present and have a notice of a wonderful operation by the great surgeon of the city. The intelligent people will soon estimate what kind of a physician you are and avoid you. The rabble, however, will run after you and the better class of people keep away. Not only that, you will lose caste among your professional brethren, which I am sure you do not wish to do. You will, of course, marry, but do not take this step until you are able to take proper care of her. You have a perfect right to starve yourself, but not a lovely, innocent woman

Digitized by Google

who leans on you for support, or to make a *reconcentrado* of her. As to matrimony, the majority of you will insensibly glide into it, and then you will have to make the best of it.

When you leave us to-day you will not forget that the best wishes of your faculty go with you; that each one of us will ever take a most lively interest in your success throughout our lives. For your success means the success of your teachers and the college you represent. You will often come back and see your *alma mater* and note how she has prospered in your absence. You will find your old professors glad to again grasp you by the hand and welcome you to their clinics. They will be happy to compare reminiscences and medical experiences with you.

Wishing you, in the name of the faculty, a farewell, may you ever bear aloft the flame of science and its practical applications in the cure and alleviation of all the diseases of mankind!

Clinical Lecture.

CHRONIC ECZEMA.[1]

By John V. Shoemaker, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen: We have present to-day several cases which illustrate different phases of a very troublesome affection, viz., chronic eczema. Eczema is one of the most common diseases of the skin, but, owing to the multiplicity of forms which it assumes in both the acute and chronic stages, it is often puzzling to diagnosticate with certitude. I have, upon many occasions, had the opportunity of exhibiting cases before you, but you cannot become too familiar with the varying features of this protean disease.

I. A man, aged 28 years, had a red and scaly eruption upon his forehead, nose, cheeks, and neck. He was unaware of the cause of the disease. Itching was the first manifestation which attracted his attention. He is a shipping clerk and in the way of his business handles crockery, oil, and petroleum. The rash began upon the eyelids. The diseased spots are infiltrated and are now covered with small crusts and scales. The itching is intense and breaks his night's rest. The disorder has been in existence for three months. After the act of scratching, from which he cannot refrain, water oozes from the parts.

When serum escapes upon the surface it increases the itching. The patient also complains of burning sensations. There are crusts behind the ears, and upon the neck are fissures. The man chews tobacco, but has a good appetite and is in good general health, although he occasionally has muscular pains in the arms. In this case the disease probably has a local cause, and is due to the oils which the patient more or less constantly handles. The skin of the eyelids is very tender and would readily become inflamed if touched with fingers which had been in oil.

II. A woman, 22 years of age, has had an eruption upon the back of her hands and fingers for four months. The affected surfaces are of a dull, dark-red color, thickened and stiff. There are some fissures present. The disease began with vesicles which itched and watered. It exists on no other part of the body. It was not preceded by any injury and, in fact, the cause is totally unknown. The patient's general health is said to be good. She has never had rheumatic symptoms and never before had any disease of the skin. She is, however, very anæmic; her pulse is soft and weak. Her tongue is tremulous. The appetite is good and the bowels are regular.

III. A woman, aged 40 years, has an eruption upon the face. Along the left side of the cheek as far as the angle of the jaw is a series of crimson papules. There

[1] Clinical lecture delivered at the Medico-Chirurgical Hospital.

Digitized by Google

is also general redness of the surface in the same vicinity. The external ear of the left side is likewise reddened. Considerable itching attends the disease. From time to time some of the papules vanish, but, on the contrary, fresh lesions make their appearance. There are a number of papules behind the ear. The predominating lesion in the case, however, is infiltration. The patient is pale and rather emaciated and her tongue is coated.

IV. The next patient is a man, 20 years of age, who has upon his face an itching rash with a watery discharge and incrusted patches. The disease began in the form of papules. The man is ignorant of the cause of the trouble. He is a weaver in a yarn-mill. He has never previously had any rash upon the skin.

On the forehead, both cheeks, and both sides of the nose the integument is dark red, thick, infiltrated, scaly, and incrusted. In other words, the primary lesions have all disappeared and secondary ones only are now present.

V. The last patient is a woman, aged 28 years, who has a generalized eruption upon the greater part of the body. The malady causes her much suffering and prevents her from sleeping soundly at night. The disease has been in existence for more than a year. It began over one of the knuckles of the right hand. Upon the face it has only been present for a week.

All the acute symptoms have now passed away and only secondary lesions are present. The left forearm is covered with infiltration; on the hands and over the knuckles are dry crusts. Upon the right hand there are fissures. Spots of infiltration also exist upon the face below the eyes and behind the ears.

The tongue is clean, but tremulous. The bowels are regular and the appetite is good. The patient is nursing a two-months'-old babe. She thinks that her general health is good. She certainly does not lack flesh. Nevertheless, she is far from strong. Her pulse is weak and whenever you see a tremulous tongue you may be sure that the nervous system lacks tone. This woman declares that she has plenty of milk for her child. This is a very common statement, but you can by no means always accept it as being the exact truth. There may, indeed, be a sufficiency of fluid, but it may be too watery and deficient in the necessary nutrient properties. The child nurses frequently, but its hunger is not appeased. It cries and seeks the breast continually. The result is that neither child nor parent thrives. You must in such cases take measures to improve the quality of the breast-milk and then the infant will begin to recruit, will not nurse so frequently, and the mother's strength will no longer be wasted.

This is such a case. Lactation causes debility of the nervous system and this, in turn, is followed by imperfect digestion and assimilation, with consequent vitiation of the blood. In very many instances such a condition is followed by some disease of the integument. Eczema is a not uncommon result. The woman is, moreover, of a neurotic temperament and about a year ago suffered from asthma.

Now, having observed these cases and followed my remarks, you will have already perceived that they are characterized by certain similarities, and yet that each has some individual peculiarities. You will have learned that the causes of the disease may be various, and that while some are due to external agencies others undoubtedly originate from some morbid condition within the body. In the first patient chronic eczema has been produced by the contact of petroleum and in the fourth by the irritation of dyed wool. The second and fifth cases depend upon anæmia. The third case, although the fact was not elicited in the history, is the effect of malassimilation. You have heard all the patients mention the occurrence of itching and in some it has been atrocious. Itching is a marked feature of eczema in all varieties and all

Digitized by Google

stages. All the cases are or have been accompanied by some degree of moisture, but it is not true that we shall be able to find vesicles in every case of eczema, either acute or chronic. This disease may begin in any one of four varieties: erythematous, vesicular, papular, or pustular. One form may be predominant in any given case, but the several varieties often, if not generally, co-exist. Chronic eczema may linger upon the subsidence of an acute attack or it may, from the beginning, possess the marks of a chronic disorder; that is, the action may be slow and languid. The distinguishing characteristic of chronic eczema, however, and one by which you may always be able to recognize it, whether it has been in existence for two weeks or two years, is the presence of secondary lesions. A disease marked by secondary lesions is of chronic variety, and as such will require different treatment from an acute malady. In the third case erythema and papules, which are primary lesions, co-exist with infiltration, which is an inflammatory deposit. The thickening of the skin in chronic eczema is responsible for another and a painful feature of the affection, viz: fissures. In our first case fissures were noted upon the neck and upon the fingers. In the second case, also, the hands are fissured. Now, what is the cause of these cracks, fissures, or rhagades, as they are also called? The skin cracks because it has lost its elasticity and it cracks more particularly in those regions where it is thinnest and where it is exposed to most motion. The hands and fingers, being prehensile organs, are peculiarly susceptible to become fissured. The neck and the angles of the mouth are also places where fissures are apt to form. These cracks may involve only the epiderm or they may penetrate the substance of the true skin, or corium. The deeper tears bleed readily and are painful. They are often difficult to heal from the fact that it is often impracticable to put and keep the parts at rest.

In the third case the disease has spread from the face to the external ear. This is an example of a not unusual localization. The auricle alone may be affected or the inflammation may extend to the external meatus. In the case before us the auditory canal has not been attacked.

In describing these cases I have spoken of scales and crusts. The former are masses of dead epiderm in process of being detached. Scales are by no means characteristic of eczema in particular, as they occur in a number of other affections. In psoriasis, notably, the presence of the scales is an essential feature and an important aid to the diagnosis. There is, however, a difference between the scales of psoriasis and those of eczema. In the latter malady the inflammation lies nearer the surface and the scales are consequently, thin and branny. In psoriasis the morbid process extends more deeply and the scales are thick and firm.

The presence of crusts will likewise help you in studying a case, for what do crusts indicate? Whenever you see a crust or a scab you know that some fluid or semifluid substance must have previously been poured out upon the surface. This means, in the main, that some disease attended by the formation of vesicles or pustules is present. Crusts due to inspissated serum are thin and of a light-yellow color; those composed of dried pus are thick and of a dark-yellow or greenish hue. You must, therefore, notice the appearance of crusts, run over in your mind the diseases which cause the discharge of serum or pus, and, finally, try to distinguish between them in order to form an exact diagnosis.

We have now studied together these five cases of chronic eczema and observed their distinctive points. There is but one additional feature to which I wish to call your attention. This is the fact that in the fourth patient, although much of the face was involved, yet that portion upon which the beard grows was left free. This absence

Digitized by Google

enables us to exclude sycosis and tinea sycosis, or barbers' itch, for it is the essence of those affections to attack the parts of the face upon which hair grows in men.

Chronic eczema, although it may occur upon any part of the body, especially affects certain surfaces. It is very prone to attack the head, flexor surfaces of the joints, groins, and scrotum. In protracted cases the infiltration may extend so deeply that the skin can scarcely be moved upon the subcutaneous tissue. Patches of chronic eczema are liable, from time to time, to be aggravated into acute exacerbations.

In that form of the disease known as eczema rubrum the onset is severe, but the case eventually becomes extremely chronic and accompanied by extreme thickening, hardness, and roughness of the skin. When scaling of the epiderm is the predominant feature of a case it is termed squamous eczema. Those cases marked by deep and painful fissures are described as fissured eczema.

In treating chronic eczema you must inquire sedulously regarding the origin of every case. If it seem to depend upon gastro-intestinal disorder we must direct our treatment to the mucous membrane no less than to the skin. If anæmia be present, we must take pains to enrich the blood. Similarly, the presence of the gouty or rheumatic diathesis or some visceral or nervous disease must govern the character of our internal treatment. As regards external measures, crusts and scales must be removed by the use of the bath, either plain or medicated, followed by the application of more or less stimulating substances. These are most often employed in the form of ointment. Among the remedies which are in vogue are tar, including its various forms; sulphur, mercury, betanaphthol, naphthaline, chrysarobin, resorcin, and salicylic acid. All these substances, and others which are sometimes, but less frequently, employed, must be used in strength according to the severity of the disease. Whenever you are in doubt as to the strength to begin with, it is a safe rule to order a small quantity of a rather weak preparation. If inefficient it can easily be strengthened by the addition of its active ingredient. In general it is the object to produce a certain degree of stimulation of the affected surfaces.

To revert now to the patients before us, putting into action the principles which I have indicated, for the first man I shall order:—

℞ Glycerini,
Liquoris calcis,
Aquæ hamamelidis destillatæ, of each, ℥ij.
Creasoti, min. xv.
Zinci carbonatis, ℥j.
M. Sig.: Apply locally.

Internally, on account of a rheumatic tendency, he shall be given:—

℞ Salicini, gr. iv.
Sulphuris sublimati, gr. ij.
M. et ft. capsul. No. j.
Mitte tales No. xl.

Sig.: Four to six capsules to be taken daily.

For the second patient, the anæmic young woman, we shall prescribe:—

℞ Ferri iodidi, gr. ij.
Strychninæ sulphatis, gr. $^1/_{60}$.
M. et ft. pil. No. j.
Sig.: One such pill to be taken thrice daily.

Externally:—

℞ Betanaphthol., gr. xx.
Unguenti zinci oxidi,
Unguenti aquæ rosæ, of each, ℥ss.
Resorcini, gr. xv.
Sulphuris sublimati, gr. xx.
M. et ft. ungt.

The third patient is debilitated and needs a tonic. She shall be given:—

Digitized by Google

℞ Extracti hydrastis fluidi,
Tincturæ nucis vomicæ, of each, ℥iij.

M. Sig.: Ten to 20 drops to be taken in water three times a day.

Hydrastis acts upon the glands of the skin and the liver.

For local use she shall have:—

℞ Hydrargyri chloridi mitis, gr. xv.
Unguenti zinci oxidi benzoati, ℥j.
Creasoti, min. x.
M. ft. ungt.
Sig.: Rub into each spot twice a day.

The fourth patient, the young man who works in a yarn-mill, shall be given an ointment composed of:—

℞ Sulphuris sublimati, gr. xx.
Betanaphthol, gr. x.
Camphoræ, gr. x.
Unguenti zinci oxidi, ℥j.—M.

Internally he shall take:—

℞ Acidi hydrochlorici diluti, min. cc.
Pepsinæ, gr. c.
Glycerini, ℥v.
M. Sig.: Teaspoonful three times a day.

To the fifth patient, the nursing mother, we shall give:—

℞ Calcii sulphidi, gr. ss.
Creasoti, min. j.
Cerii oxalati, gr. ij.
Sig.: One such pill to be given three times a day.

Externally she shall be directed to make use of the following ointment:—

℞ Sulphur sublimati, gr. xxx.
Camphoræ, gr. x.
Acidi salicylici, gr. xxx.
Unguenti zinci oxidi, ℥j.

A New Tennessee Journal.—It is announced that the publication of the Memphis Lancet will be begun in July. It is to be a monthly of fifty-four pages of reading matter.

Original Communications.

THE CHEMICO-PHYSIOLOGICAL ACTION OF COPPER AND ITS IMPORTANCE IN ANIMAL AND PLANT LIFE.

By Theodore Wm. Schaefer, M.D.,
Professor of Chemistry in the University Medical College, Woman's Medical College, etc., etc.
KANSAS CITY, MO.

In looking over the pharmacological literature of copper, in regard to its toxicological action upon the animal organism, one finds a discrepancy of opinion. Most of the older publications describe the action of soluble salts of copper upon the organism as highly deleterious. Of late, however, the opinion that all copper salts are poisonous has been considerably modified by recent investigations.

Cases in which nervous and other symptoms referable to a truly poisonous action have occurred. As, however, it has also been shown that non-irritant, *pure* copper compounds may be taken in considerable doses with impunity, it appears at least probable that the poisonous action attributed to copper is due to other substances. Copper is notoriously liable to contamination with arsenic, and it is by no means improbable that the compounds of that element are the active poisonous agents in some cases of supposed copper-intoxication. Nor is it improbable that articles of food allowed to remain exposed to air in copper vessels should undergo those peculiar changes which result in the formation of poisonous substances, such as the sausage or cheese poisons, or the ptomaines (Witthaus).

Minute traces of the metal are widely disseminated in nature. Copper, in minute proportion, has been repeatedly detected in the human body, especially in the blood, occurring, according to Millon, in the red corpusles. Hoppe-Seyler, in his work on "Handbuch der Physiologisch- und Patho-

Digitized by Google

logisch- Chemischen Analyse," on page 66, says that the occurrence of copper in the liver and bile of man and mammals is quite constant. He states that it has also been found quite constant and in considerable quantities in the blood of certain crabs, snails, and cephalopods.

The blood of gastropods and cephalophores contains appreciable quantities of copper. The metal has been repeatedly found in the bile and gall-stones of man in conjunction with iron, manganese, and zinc. According to the author just stated, the metal copper found in the richly-colored biliary concrements is in all probability combined with bilirubin and biliverdin, occurring, therefore, in an insoluble condition; which proves that the bile plays a function similar to other excretory fluids of the body, eliminating substances from the body which cannot be further used by the organism.

Wackenroder did considerable work in the line of physiological chemistry and repeatedly determined the presence of copper in the blood, although in minute proportion. It was J. Schlossberger, I believe, who first pointed out that the blood of octopods contains minute traces of copper; the sepia contains traces of the metal. It has also been conclusively shown that the blood of many avertebrate animals contains copper. It has been detected in the blood of the viper and in that of a number of amphibious reptiles. Wackenroder has detected the presence of copper in the organism of domestic animals which lived on a mixed diet. Copper has been repeatedly found in the blood of animals which drank from the water of a spring which contained an appreciable amount of copper. Claude Bernard, the great French physiologist, injected small proportions of cupric sulphate into the veinous blood, and after the lapse of some time the bile contained unmistakable evidence of the presence of copper.

Considering the universal distribution of copper over our globe, we can comprehend with ease why it should make its appearance in the animal and vegetable kingdoms. Copper is a frequent constituent of plants. Recently it has been detected in different plants, especially in various grasses and cereal grains. *Alsina verna*, which is often found in situations where ores of copper and zinc (calamine) are present, has a predilection for copper and zinc. There are a number of other plants which contain copper in appreciable quantities. It stands to reason that, when animals use plants containing copper as articles of food, the metal will be taken up into their system. It is not to be wondered at, then, that the metal copper occurs, although in very minute quantities, in many articles of food, and thus enters the human organism in which, as above stated, it has been repeatedly detected. It has even been found in the brain.

"Worthy of note is the occurrence of copper in the blood of certain cephalopods and crustacea. It appears that this metal occurs in them in some form of organic combination and seems to perform a similar rôle as iron does as a carrier of oxygen in the hæmoglobin. The blood of these animals is colored blue, but becomes colorless, as soon as it is deprived of its oxygen by exhaustion, by passing through it other gases or by the action of reducing agents. The most recent investigations in relation to this subject have been made by Fredericq, in whose communication one can find the older literature of the subject." (G. Bunge, "Lehrbuch der Physiologischen und Pathologischen Chemie," 1894, p. 28.)[1]

Interesting are those substances which show a great analogy to those found in the organic kingdom and which possess the property of coagulation in a high degree. Among the inorganic colloidal substances is an ammoniacal solution of copper oxide. "Grimaux found that an ammoniacal solution of cupric oxide behaves exactly like a colloidal substance, in so far that it does not at all diffuse, and coagulates when

Digitized by Google

diluted with water, under the influence of magnesium sulphate, diluted acetic acid, or at a temperature ranging between 40 to 50° C."[1] (G. Bunge, "Lehrbuch der Physiologischen und Pathologischen Chemie," 1894, p. 48.)

"A blue ammoniacal solution of copper becomes decolorized when heated with grape-sugar. The cupric oxide is reduced to cuprous oxide; it has given off an atom of oxygen to the grape-sugar. When shaken with air it is again promptly colored blue. The cuprous oxide plays here the rôle of an oxygen-carrier, just like nitrogen dioxide in the formation of sulphuric acid."[1] (G. Bunge, "Lehrbuch der Physiologischen und Pathologischen Chemie," 1894, p. 256.)

The writer of these lines, when making quantitative estimations of glucose in the urine with Fehling's solution, was often apprised by the fact that the colorless solution at first obtained by the apparently complete reduction of the copper assumed a blue color in a brief space of time when left exposed to the air, proving the presence of a freshly-produced quantity of unreduced copper, and the titration could be repeated as often as desired. The suboxide of copper is slightly soluble in an alkaline solution. When freshly precipitated, suboxide of copper remains suspended for some time in the menstruum, refusing to settle and even passing through the filter, when an attempt is made to collect it. This circumstance is one of the causes of the difficulty of making exact quantitative determinations of glucose in the urine. The suboxide plays here the function of an oxidizer.

In regard to the physiological importance of copper in the plant organism absolutely nothing is known. Undoubtedly it has some unknown rôle to perform, for its presence must certainly have a purpose. This subject has not been properly worked out.

In the lower animals it enters into the composition of the protoplasm, possibly in the blood-corpuscles, where it seems to replace iron and the organized copper compound seems to be the *principal carrier of oxygen* in their blood.

The presence of copper in the blood of man and the mammals is of evolutionary interest, because it is evidently an ancestral remnant, occurring principally in the blood of animals of the lowest type, in whose life-processes it is of importance, taking the place of iron; the latter, however, being reserved for the more highly organized and cephalized animals, takes the place of copper, being better adapted by natural selection as the chief ingredient of hæmoglobin, which carries oxygen to the tissues.

From what has been stated, we arrive at the conclusion that copper is, *per se, non-poisonous*; otherwise it would not be appropriated and elaborated by the organism of plants and animals.

[1] Translated from the German by the writer.

THE PILE-DWELLERS OF THE GULF-COAST OF FLORIDA.

By George A. Hewitt, M.D.,

PHILADELPHIA.

Dwellings constructed upon piles and raised above the water have been found in various parts of the world and at different periods. Both Hippocrates and Herodotus mention communities which built their habitations above the water. Lake-dwellings have been found in the Gulf of Maracaibo and, in fact, the name of the country Venezuela was given to it from the prevalence of such dwellings along its shores. Similar erections exist in New Guinea, on Lake Mohrya in Central Africa, upon the Gold Coast of Africa, and in other places. From prehistoric times to the present men have chosen thus to build their homes for the purpose of security, defense, or in adaptation to their habitual modes of life. In some instances considerations of health have led to the custom. The most renowned and the most closely studied re-

Digitized by Google

mains of the kind have hitherto been the lake-dwellings of Switzerland. From the scientific investigations of the Swiss dwellings many most interesting and important anthropological deductions have been drawn. From such studies we are enabled to rehabilitate, in a measure, the life of man upon this globe in the most distant gloom of antiquity. As, notwithstanding the widest differences of time, race, climate, and physical surroundings, the fundamental needs of humanity remain ever the same, the principles by which prehistoric or savage life are to be interpreted are equally applicable to Switzerland and Florida.

It has been related of several great comparative anatomists, as Owen, Cuvier, and Agassiz, that from a small frament of bone or from a tooth, perhaps, they were able to reconstruct the form of a fossil animal, explain its habits, and demonstrate its generic affinities. To gain an insight of the life of an extinct race from fragments of bone, shells, pieces of bark, or cordage is a somewhat analogous feat. We have now, however, the advantage that many students have labored over the same problems and that every scientific investigator has his path pointed out to him by the footsteps of his predecessors.

On the other hand, certain artificial objects are of such perennial importance that their outlines always remain substantially unchanged. Thus, the simplest form of a boat is much the same now as it was when man first discovered a method of transporting himself safely across the surface of the water. This fact receives an illustration in the investigations of Mr. Cushing among the artificial keys of the western coast of Florida. Necessarily, the dwellers upon these keys derived their subsistence principally from the sea. They were expert fishermen, certainly, and it is not improbable that they may have also been mercantile traders to more distant points. It is quite natural, therefore, that the figure of a boat should be conspicuous among the remains of such a nautical people. This is, indeed, the case. Another genuine human trait is exemplified by these boats. They were in miniature, or, in other words, were toy boats. In all ages children have loved, in their play, to imitate the occupations of their parents. Fishermen's children, above all others, will wish to play with boats, and it is a strong evidence of the grade of culture attained by the pile-dwellers that they took time and trouble to fashion toys for their offspring. These toy boats had been evidently appreciated by their little owners, for they were considerably worn by use. They generally took the form of the dugout, but differed very materially in detail. Some were shaped precisely like a flat-bottomed row-boat. As an example of the quickness with which intelligent, even if uneducated, people can recognize and interpret antique objects with which their mode of life has made them familiar, the fishermen in the employ of Mr. Cushing readily recognized the peculiarities, from the sailor's point of view, of these mimic craft. Some were obviously intended for the navigation of shallow streams, inlets, bayous, and the canals. Another style was admirably adapted to swift tidal currents or to the running of low breakers. A third was built for the bearing over shoals of heavy loads or burdens. Most of the boats were decorated at one or both ends with semilunar or disk-like devices.

In connection with the toy boats there is another interesting example of similar contrivances being made to satisfy similar needs, for Mr. Cushing found signs to indicate that the pile-dwellers at times lashed two boats together in order to form sea-going craft in the same manner as the Malays of the Eastern Archipelago construct their catamarans. The inhabitants of the Florida keys were likewise probably acquainted with the use of sails made of bark matting.

The houses erected upon the keys were supported upon piles, and these were so

Digitized by Google

cunningly arranged that as long as the water remained low they would support the house scaffolds firmly, but when the waters rose the entire structure would also slightly rise or, at any rate, not be violently wrenched from their supports as would inevitably had been the case had these been immovably fixed below. Another set of piles appeared to have been placed in such a manner as to keep the constructions from swerving in case an unusual rise in the waters caused them to float.

In addition to the timbers the products of human industry found upon the keys were classified by Mr. Cushing under the heads of furniture, pottery and household utensils, navigating apparatus and fishing gear, tools and implements, weapons, personal ornaments and paraphernalia, miscellaneous ceremonial appliances, sacred and symbolical objects, carvings, paintings, masks, and figureheads. Among articles of furniture brought to light were a number of four-legged stools with slightly-hollowed seats. The feet of some of the stools were level while those of others were so spread out and beveled that they would exactly fit the hollow bottoms of canoes. Some objects of similar form, but smaller, were thought to have served as head-rests or pillow-supports. The explorers also found examples of what might have been the pillows used in connection with these rests. They were cylindrical and of a tapering form, made of fine rushes and showed a continuous four-ply plat; so that they were flexible and compressible, yet springy, and they had probably been formed of Floridian moss or deer-hair. Portions of mats were discovered, some being thick enough to be used for rugs, and others thin, flat, and closely plaited so that they might well have served as sails. From many specimens it was evident that the pile-dwellers understood well not only plaiting, but also weaving and basket-making.

Cooking utensils made of pottery, such as bowls and pots, were found by the members of the expedition. The household-utensils, however, seem to have been generally formed from shells and wood. The wooden cups were often skillfully carved. Wooden trays shaped in the form of canoes were also discovered.

The styles of boats used by these people of old have already been sufficiently described for the purposes of this paper. Other objects relating to their seafaring life were tackle-blocks, fish-hooks, and portions of seine. The seines were made substantially as they are at the present day. The sinkers were of shell and the floats, as now, of blocks of wood. The anchors with which the fishermen fastened their boats were of large shells pierced and lashed together with tightly twisted cords of bark and fibre; so that the long, spike-like ends stood out like the points of a star. They had all been packed full of sand and cement so as to render them sufficiently heavy to hold a good sized boat. Boat-balers of shell and wood were used precisely as by fishermen of the present day. They made both fine- and coarse- meshed nets and seines. Across the channels and entrances to the water-courts and fish-pounds they employed an ingenious arrangement. This consisted of a netting of coarse cordage, weighed with heavy sinkers and floats so placed on the nets that they would turn against the current of the tide whichever way it flowed and would continuously bob up and down on the ripples in such manner as to frighten the fish that had been driven or had passed over them at high tide.

These people used fish-hooks of much the same shape as our own but made of tough, springy wood. Not many of the appliances of deep-sea fishing were found; whence Mr. Cushing inferred that the ancient inhabitants had depended chiefly upon the pounds and water-courts, from which, with their nets, they could at any time have readily drawn greater numbers of the fish for their supply.

The tools of the pile-dwellers were almost

Digitized by Google

exclusively made of hard, organic substances, as shell, bone, and sharks' teeth. They consisted of picks, hammers, axes, hatchets, adzes, chisels, and gouges. All these instruments were sharpened upon pieces of coral sandstone and the members of the expedition satisfied themselves that a keen cutting edge could, indeed, be obtained in this manner.

The weapons of this people seem to have consisted of clubs, spears, and dirks. These differed much among themselves in size, shape, and adornment. Some of the clubs were elaborated, and to others cords were attached by which they were bound to the wrists. It is to be supposed that they had their internecine strifes and perhaps, also, made predatory excursions to the mainland.

Among personal ornaments collected were beads, buttons, and hair-pins of bone, other ornaments for the hair, and necklaces and bracelets made of the vertebræ of fish. It is believed that they were in the habit of slitting the lobes of the ear for the purpose of introducing objects of ornament. A favorite decoration for the ear was a wooden button, about the size and shape of our sleeve-buttons, made to resemble the eyes of the large fish, as tarpons and sharks, found in the deep waters outside their keys. By some stretch of barbaric fancy these "seeing ears" may have represented preternatural powers of penetration.

Articles belonging to the outfit of a priest or medicine-man recovered from the muck were pieces of the skulls of different animals, painted figures of animals, rattles made of tortoise-shells, a lancet thought to be used in venesection, and other weird objects. Painted tablets of wood or stone, and large drinking-vessels conjectured to be used in religious ceremonies have also been brought to light. It is worthy of remark that the islanders, though living in the midst of the sea and finding their most intimate associations with the water and its denizens, were not ignorant of land animals. Some of their favorite artistic representations were of the wolf and deer.

It is remarkable that a race of prehistoric fishermen and sailors should have attained sufficient skill in pictorial art as to have produced colors which are fresh to the present day and, furthermore, to have worked out some of the principles of perspective.

Abstracts.

Diagnosis of Tuberculous Meningitis in the Adult.

At La Charité M. Potain said that the diagnosis of tuberculous meningitis in the adult is often very difficult. He recalled the history of a patient whom he had treated for meningitis at the Necker Hospital several years ago, in whom there was no cephalic symptom and who exhibited for some days no meningeal manifestations except cramps in the lower limbs. Very lately a patient entered the hospital in a state of considerable depression. He stammered some incomprehensible words, had but little fever and no paralysis; there was slight contraction of the pupils and a little deviation of the face. Only the marked consolidation of the apex of the lung permitted the diagnosis of tuberculous meningitis, which was confirmed by the autopsy. Whenever, which often occurs, the classical picture of tuberculous meningitis is absent, it is necessary to make a differential diagnosis. Many diseases may simulate meningitis. Thus, typhoid fever, like meningitis, may present torpor, headache, and constipation. In typhoid fever, however, the headache is less intense, and does not wring cries from the patient; the tongue is loaded, the urine albuminous, and the spleen swollen; the temperature pursues a regular course and the facial expression is less active.

The existence of diarrhœa or characteristic spots will often dispel all doubt.

Digitized by Google

In grippe, also, we may meet with headache, debility, vomiting, and fever; but the headache is nearly always accompanied by pain in the back and anxiety. The positive diagnosis of grippal meningitis is often impossible. Certain cases of uræmia and interstitial nephritis may present meningeal symptoms. Examination of the kidney, the urine, and arterial system will generally enable one, in these cases, to avoid gross errors. The depression and delirium which attend delirium tremens will not be mistaken for meningitis if one inquires as to the antecedents of the patient, of his occupation, and observes the characteristic tremor of the limbs. Intoxication by morphine and atropine may produce profound coma and affect the pupils, but the pulse is normal and there is no fever. Acute mania in tuberculous subjects, the delirium of pneumonia when it coincides with consolidation at the apex demand careful study, with an analysis of the symptoms and local signs, in order to distinguish them from meningitis.

Certain forms of paralysis, especially monoplegia of infectious or functional nature, may also simulate meningitis. The effect of treatment will eliminate cerebral syphilis. In some subjects the cerebral cortex reacts with such facility that a slight cause is sufficient to produce symptoms of tuberculous meningitis. The prognosis of this pseudomeningitis or meningism is rather favorable. The same remarks apply to very impressionable or hysterical persons.—La Médecine Moderne.

Hysterical Brachial Monoplegia.

M. Gerest, of Lyons, exhibited a patient in whom the diagnosis of hysterical brachial monoplegia had been made by M. Lépine on account of the mode of origin and the very special arrangement of the motor and sensory disturbances. The present peculiarity is that under the influence of faradization motion was regained, but the entire return of the movements of the thumb coincided with absolute impotence of the muscles of the other fingers. A coincidence so exact can be satisfactorily explained by the theory of M. Lépine relative to the origin of hysterical paralysis. Paralysis more distinctly dissociated than that dependent upon cortical lesions may be due to insufficient contact of neurones devoted to the movements of certain fingers, while excitomotor transmission is executed normally by the other fingers of the same hand.—La Médecine Moderne.

Disseminated Sclerosis of Plumbic Origin.

At the Hôpital St. Antoine M. Brissaud presented a very interesting case of saturnine tremor. The patient was a vigorous man 53 years of age. He had been a painter since his sixteenth year. He had suffered from no disease except typhoid fever at the age of ten. His father had died hemiplegic and his mother had been attacked by blindness. He was, therefore, predisposed to nervous manifestations. At the age of 38 the patient had been treated at the Hôpital St. Antoine for rheumatic pains. The pains first attacked the great toe, which became dark red and shining. The ankles and knees were then invaded and finally the pains became generalized. The man, in fact, had an attack of saturnine gout.

This attack lasted a long time. The patient afterward went to the Hôpital Tenon. During this period he noticed the beginning of the tremors in all his limbs and especially upon the left side.

The tremor still persists, its characteristic being that it is intentional; that is, it occurs with voluntary movements. Thus, if the patient is told to drink a glass of water the arms begin to tremble and the water is spilled on all sides. This is a particular characteristic of sclerosis en plaques. The tremor has also another peculiarity,—namely, that if the patient places both hands upon, for example, the knees, they at first do not move; then the tremor

Digitized by Google

begins. He trembles, then, also while motionless, and this fact is suggestive of Parkinson's disease. There are, therefore, in the patient two kinds of tremor: that of sclerosis en plaques and that of Parkinson's disease. Which is the disease, or are both present? This is a very difficult question. On the one hand, it is very rare for tremor to continue so long in lead poisoning. It may occur, but is exceptional. Again, in ordinary plumbic tremor there is anæsthesia, which does not exist in this case.

Another fact to be considered is that when the patient contracts his muscles with all his force the tremor ceases. Furthermore, the man is still strong, but one who had suffered from Parkinson's disease for eighteen years would not have preserved so much strength. On the other hand, there is a little stiffness in his walk, which resembles that of disseminated sclerosis, but is not of the true type.

M. Brissaud, therefore, concludes that the case is probably one of sclerosis en plaques of saturnine origin.—La Médecine Moderne.

Symmetrical Adenolipoma.

At a meeting of the Medical Society of the Hospitals MM. Launois and Bensaude presented a man, 32 years of age, who was afflicted with diffuse and symmetrical fatty tumors upon the neck, face, nucha, and lips. From the inguinal mass descended along the internal surface of the thighs an indurated cord constituted probably by a very dilated lymphatic vessel. Over the swellings of the groin were plainly felt hypertrophied lymphatic glands mingled with fatty growths. The spleen was enlarged. The face of the patient was that of leukæmia, although there was but a slight increase of white corpuscles, but the blood was remarkably richer in white cells of the first variety (small mononuclear). The patient rapidly became cachectic in spite of an abundant diet. He was neither tuberculous nor diabetic.

This case may be compared to those reported by MM. Denquoy, Siredey, Hayem, and Dalche. Sixty cases are found reported under the most varied names (multiple lipomata, diffuse lipomata of the nucha and neck, symmetrical lipomata).

Authors admit the explanation offered by M. Hayem, that this affection has its origin in the lymphatic glands and vessels.

Hayem gives the following reasons for his opinion:—

1. These tumors develop in those regions where glands are normally found. 2. The fatty infiltration increases in the deeper tissues by following the tract of the lymphatics. 3. That infiltration is often accompanied by mediastinal symptoms. 4. In the midst of the lipomatous masses indurated glands are often found. 5. As Virchow has shown, adenitis influences the fatty tissue surrounding glands to the production of fatty growths. 6. The spleen is hypertrophied and a slight leucocytosis has been observed.

M. Hayem calls attention to the fact that in lymphadenitis there is a first period which may last for a considerable time, during which the blood is almost normal. A second stage then follows in which leucocytosis appears and becomes more or less considerable without necessarily attaining the intensity which it has in leukæmia.—La Médecine Moderne.

Syphilitic Osteoperiostitis Preceding Roseola.

M. G. Etienne reported to the Medical Society of Nancy three cases in which osteoperiostitis made its appearance before the macular syphilide. The lesions were very painful, were multiple and disseminated in one case and disappeared rapidly under the influence of specific treatment.

Osteoperiostitis due to general contamination of the system during the stage of invasion and probably spontaneously curable is unmistakably distinguished from gummatous osteoperiostitis of the tertiary

Digitized by Google

period. Perhaps between these two orders of lesions there may exist differences comparable to those cellular lesions of the liver which may end in serious precocious jaundice and which are almost entirely regressive and those of gummata terminating in scarred liver. The periostitis of the stage of invasion may also present analogies with the case of post-infectious osteoperiostitis observed by the author during convalescence from a purulent infection and with the same disease following typhoid fever.

These lesions certainly often escape observation: a fact which causes them to be regarded as more rare than they really are. In the three cases reported the patients had no specific treatment. It is therefore inexact to consider, with Ricard, the appearance of that lesion as a modification of the evolution of syphilis due to treatment.—La Tribune Médicale.

Intestinal Perforations of Unknown Origin.

At a meeting of the Surgical Society M. Monod said that he had met with several cases of suppurative peritonitis consecutive to intestinal ulcers of unknown origin. In one case where operation had been made with the diagnosis of appendicitis there was found at the autopsy a perforation of the terminal portion of the small intestine near the ileo-cæcal valve. In another case, that of a young woman, 23 years of age, M. Monod encountered pus between the loops of intestine when the suppuration could not be attributed to appendicitis. The patient was cured after having suffered for a year from a stercoral fistula which formed spontaneously. The third case concerned a boy of 16 years, who was attacked by symptoms of peritonitis by perforation. An operation revealed the presence of a number of ulcers of the large intestine neither of typhoid nor tuberculous nature. The boy succumbed shortly after the operation. Finally, in a fourth case observed by M. Monod, a woman, 28 years of age, after having been operated upon for a pelvic abscess perished from peritoneal complications, the origin of which was found in a perforated ulcer of the transverse colon.—La Tribune Médicale.

Precocious Œdema in Secondary Syphilis of the Larynx.

Dr. Lacroix has had under observation a young woman, married for three or four months, who complained of pain in swallowing and whose only lesion was a pale swelling of all the right ary-epiglottidean fold. A month later there existed intense dysphagia with pseudomembranous patches upon the tonsils and much more considerable œdema of the ary-epiglottidean fold. The rest of the larynx was intact. Various demulcents were ordered and tried without success for three weeks. At the end of that time papular and macular syphilides appeared upon the skin. The dysphagia disappeared after the first doses of mercury, even before the local condition was modified. The œdema of the larynx was the last to vanish. M. Lacroix considers the œdema as a new symptom, not hitherto described, of secondary syphilis.

Dr. Brindel suggests, however, that in this particular case the lesion was the primary sore.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Acetate of Thallium in Night-sweats.

M. Combemale has obtained very good results by giving every evening a single pill of 0.10 centigramme ($1^1/_2$ grains) of acetate of thallium in the night-sweats of phthisis and cachectic states. The drug should not be given for more than four consecutive days. It is given about an hour before the presumed appearance of the sweats. Be-

Digitized by Google

tween each period of administration eight days of rest should be left, the antisudorific effect being very durable. Sudden alopecia is the chief accident observed after the administration of the salt. This action should be watched.—Le Progrès Médical.

A Formula for Pruritus Vulvæ.

Dr. E. T. Beall gives the following formula:—

℞ Quinine sulphate, 20 grains.
Menthol, 8 grains.
Carbolic acid, 24 grains.
Citrine ointment, 60 grains.
Ichthyol, 150 grains.
Lanolin, 360 grains.
Castor-oil, 600 grains.

M. To be applied freely after ablution of the vagina and vulva with hot water.—Texas Medical News.

Administration of Codliver-oil.

The Gazette Hebdomadaire de Médecine et de Chirurgie gives the following as Bricemoret's formula:—

℞ Codliver-oil, 6000 grains.
Syrup of balsam of Tolu, 3000 grains.
Tincture of balsam of Tolu, 12 drops.
Essence of cloves, 2 drops.

M. The mixture is not to be emulsioned, but simply shaken vigorously before the dose, a tablespoonful, is poured out. After it is taken the only taste that remains in the mouth is that of the syrup.—New York Medical Journal.

An Ointment for Acute Articular Rheumatism.

℞ Sodium salicylate, 30 parts.
Iodoform, 10 parts.
Extract of hyoscyamus, 5 parts.
Vaselin, 100 parts.

M. Fiat unguentum.—New York Medical Journal.

Antihysteria Pills.

℞ Arsenous acid, 1/2 grain.
Ferrous sulphate, 20 grains.
Extract sumbul, 20 grains.
Asafetida, 40 grains.

Make into twenty pills. One three times a day, after meals.—Medical World.

Blepharitis.

Ichthyol ointment in blepharitis is recommended by Darier.

℞ Ichthyol, ℥j.
Starch, powdered, ℥xx.
Zinc oxide, ℥x.
Vaselin, ℥l.

—Pediatrics.

Chronic Follicular Pharyngitis.

℞ Iodi pur., gr. iij.
Potass. iodid., gr. v.
Acid. trichloracetici, gr. vj.
Glycerini,
Aq. dest., of each, ℥ss.

M. Sig: Apply by means of cotton applicator in full strength, or diluted, as may be indicated.—Medical News.

Citrus Pomelanus in Convalescence.

In the Medical Herald Dr. M. F. Weymann, of St. Joseph, Mo., advocates the use of this fruit during convalescence from exhausting illness. Citrus pomelanus is the shaddock, or grape-fruit. Dr. Weymann thus sums up the advantages of the fruit:

1. A fruit (*a*) beautiful and appetizing to the eye (a great point in the capricious appetite of convalescents); (*b*) a veritable treat to the palate.
2. A cooling and pleasant fever-draught.
3. A bitter gastric stimulant; hence,
4. A tonic and appetizer.
5. A *mild* laxative, but unexcelled.

Don't allow the first impression to de-

Digitized by Google

prive you of the most luscious and enjoyable fruit produced.

Diuretic Action of the Leaves of Betula Alba.

Marer concludes that in this drug we have a positive addition to our materia medica. It not only powerfully excites diuresis, but is remarkably inexpensive. Prof. Winternitz accidentally came across this remedy through one of his patients. The leaves of the white birch are used in infusion, and remarkable results have been claimed in nephritis and wherever diuresis is indicated.—Medical Review of Reviews.

Diarrhœa.

The New Orleans Medical and Surgical Journal cites from Yeo a useful prescription for an attack of diarrhœa, which is tending to become chronic and which appears to be maintained by a certain amount of loss of tone in the intestinal mucous membrane:—

℞ Tinct. catechu comp, 3ij.
Sodii bicarbonat., grs. lxxx.
Spir. ammonii aromat., 3iv.
Tinct. nucis vomicæ, min. lxxx.
Infusi columbæ, q. s. ad ℥viij.

M. Fiat mist.

Sig.: Two tablespoonfuls three times a day, an hour before taking food.

Gastric Ulcer.

In the Medical Brief Dr. William Murrell, of London, Eng., says: "We all know that when an ulcer of the leg is indolent, and refuses to heal, the best plan is to touch it up with lunar caustic or sulphate of copper. This mode of treatment is, with certain modifications, equally applicable to an ulcer of the stomach. What I do is to paint it with iodine. There is not the slightest difficulty; I order the patient five drops of tincture of iodine (U. S. P.) three times a day, in a wineglass of water. It produces no pain and no inconvenience, and the condition of the mucous membrane of the stomach rapidly improves, until in a few days the ulcer is completely healed and the digestive powers are restored to their pristine condition. I have seen this over and over again, and I have never known iodism or any inconvenience result from the treatment. In the early stages it will often effect a cure without limitation of diet or confinement to bed. Should the patient object to the pungency of the tincture of iodine I add half a drachm of glycerin to each dose. This I believe to be the best plan of curing gastric ulcer."

Gastro-intestinal Indigestion.

In an article in Pediatrics on "Gastro-intestinal Indigestion in Children" Dr. S. Henry Dessauer, of New York, says that when spigelia is added in moderate doses to the tonic-laxative as in the formula given below, it appears to exercise a most beneficial influence in arresting the immoderate secretion of mucus, diminishing flatulence, relieving the sighing respiration, and removing the many nervous phenomena.

The formula he employs, which may be called a working basis, is composed of:—

℞ Ext. spigelia fld.,
Ext. senna fld., of each, f3ij.
Ext. cascara fld., f3j.
Tr. nux vomica, f3j.
Tr. cinchona comp., f3iv.
Syr. sarsaparilla comp., ad f℥ij.

M. Sig.: 3j ter in die.

Grindelia Robusta in the Treatment of Cardiac and Pulmonary Affections.

Huchard remarks that in cases of emphysema grindelia facilitates the respiration and expectoration. In simple hypertrophy of the heart and in dilatation it has all the advantages of digitalis without any of its drawbacks. It relieves pulmonary congestion and the palpitation associated

Digitized by Google

with cardiac hypertrophy, emphysema, asthma, and incipient tuberculous disease. He gives the following formula:—

℞ Tincture of grindelia, 30 parts.
Tincture of convallaria, 10 parts.
Tincture of squill, 5 parts.

M. Sig.: Fifteen drops three times a day.—New York Medical Journal.

Oil of Turpentine in the Treatment of Corneal Opacities.

Mr. G. A. Berry states that a good and not unduly stimulating effect may be got by the daily use of eye-drops made according to this formula:—

℞ Oil of turpentine, 1 part.
Oil of almonds, 2 parts.—M.
—New York Medical Journal.

Peronin as a Sedative.

Dr. M. Eberson, of Tarnow, reports having used peronin in 16 cases, comprising 5 of acute bronchial catarrh, 3 of chronic bronchial catarrh, 5 of pulmonary tuberculosis, and 3 of whooping-cough. The adult dose given was from 0.01 to 0.02 gramme ($^1/_6$ to $^1/_3$ grain) three or four times daily, and that for children was as many milligrammes ($^1/_{60}$ grain) as the child was of age. The remedy was given in syrupy solution or tablet form, to avoid the bitter taste and sensation of heat in the larynx induced by it. In whooping-cough the peronin acted with excellent effect; in fact, it showed itself as being almost irreplaceable. In this affection the medicament was given with decoction and syrup of althea. The results generally obtained lead the author to the following conclusions:—

1. Peronin is a very serviceable cough-reducing remedy, fully replacing morphine.

2. Acute bronchitis is in a short time cured.

3. Peronin rapidly and surely improves the condition in chronic bronchitis and in pulmonary tuberculosis moderates the irritation-producing cough, induces quiet sleep, and renders expectoration easier.

4. It in nowise exerts any harmful influence on the heart or digestive apparatus, and is well borne for long periods by these organs.

5. No symptoms of intoxication are ever observed, even after long periods of medication with peronin.

6. The remedy exerts a remarkably beneficial effect in hysterical cough and in pertussis.

Taken altogether, the results point to a deservedly extended use of the remedy.—American Medico-Surgical Bulletin.

Salomon's Mixture for Infantile Convulsions.

This formula is given as:—

℞ Musk, 7 grains.
Gum arabic, 30 grains.
Fennel-water,
Syrup of orange-peel, of each, 450 grains.

M. Sig.: A teaspoonful every hour or two.—New York Medical Journal.

Terebene in Wounds.

Tereben-glycerin or tereben-water is warmly recommended in the Russian Medycyna for the treatment of infected and gangrenous wounds. They are prepared by mixing and forcing air into the mixture through a rubber bulb and the tube, which forms hydrogen dioxide by oxidation of the tereben (7 parts glycerin, 4 parts tereben, and 1 part dest. water). Set aside for a few days until a sample of the lower layer gives a deep-blue reaction mixed with ether and chromic acid, when it is ready for use. Keep in tightly-closed receptacles. The wound is covered with gauze moistened in the tereben-glycerin, an ordinary dressing applied outside.—Journal of the American Medical Association.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, June, 1898.

MORBID FEARS IN EPILEPSY.

Of recent years so many examples of morbid fears have been published that it has been possible to subdivide them into several classes. Some of these deviations from mental health are very slight and occur in persons of apparently good general health. In other instances they are associated with or are the precursors of structural cerebral disease. These apprehensions are not rare in epilepsy and we have read with much interest a communication upon this subject by M. Ch. Féré in the pages of La Médecine Moderne. M. Féré is widely known as an indefatigable student of physiology and diseases of the nervous system. Extracts from his writings have been frequently cited in the columns of The Medical Bulletin.

Morbid emotionalism belongs especially to the neuropathic class of individuals. It is, therefore, very apt to manifest itself in epileptics.

The fears to which M. Féré draws attention in the paper before us are exhibited not only in epileptics, but they also occur under the form of sudden paroxysms analogous to epileptic attacks in general. Abrupt emotional manifestations may constitute a part of a paroxysm and be equivalent to an aura. These may be placed in the group of psychical auras.

The premonitory terrors of an attack may appear spontaneously and they are very variable. There may be a feeling of imminent death or an apprehension of being killed, without an impulse to suicide. Other emotions than fear may be present in the aura. A change in affection may be perceived. Anger and remorse have also been observed.

Many of the features of the aura of an epileptic attack are capable, either spontaneously or under the influence of treatment, of being isolated and remaining incomplete attacks. More often, however, in an isolated form, they have preceded for a long time complete seizures. Emotional auras observe the general rule.

The paper of M. Féré is based upon the histories of three cases. The first patient was a lady, 42 years of age, who had suffered from convulsions at the time of her first dentition, but had been free from other nervous symptoms until the age of 32. She had been religiously educated, but had never dedicated herself particularly to the observances of the church. She had been married at the age of 22 to a man indifferent to religion, and from that time had neglected her devotional practices without any feeling of compunction. She had had three children. Pregnancy, accouchement, and lactation had passed without causing any nervous disorder. Her eldest son having sustained a fracture of the leg she was much troubled and fatigued in attending to his needs. Her character became irritable. One night her husband was awakened by a cry from the patient. After several seconds of general stiffness she fell into convulsions after which she went into a profound sleep. She had bitten her tongue and passed urine into the bed. The next morning she was very languid, had a violent headache, but no recollection of what had passed. From that period she began to complain from time to time of feeling dazed, together with a momentary loss of consciousness, and what she herself called "agonizing scruples." Suddenly, whether on the street or at home engaged at her occupations, she became subject to attacks of intense fright, expressed both by her looks and in her attitude. She sat down or leaned against a

Digitized by Google

wall, carried her left hand to her heart, and seemed to be a prey to extreme anguish. She was very pale upon these occasions. The seizure lasted three or four minutes, passed off suddenly, her face regained its color and ordinary expression, but she felt much lassitude for several hours. This anguish coincided with a fear of eternal damnation. She reproached herself for her loss of belief. She returned to her religious practices, but these had no influence upon the attacks. For three or four months the crises recurred nearly every eight or ten days. Then, without any intervention, the intervals lengthened and did not return more than once in a month or two months. Two or three times a month she suffered from a nocturnal convulsion of which she was unconscious. At the age of 38, without known cause, the vertigo and the terrors became as frequent as at the first and began also to occur during the day which had not formerly been the case. It was at this time that the patient came under the care of M. Féré. Treatment by the bromides gradually reduced the intervals between attacks until now more than three years have passed without a seizure.

The next patient was a man, 33 years of age, of a neurotic family. In childhood he had suffered from many nervous disorders. At the age of 13 he began to have epileptic fits. They were of infrequent occurrence and generally at night. After the age of 18 he had a long interval of freedom. During his twenty-ninth year, in consequence of mental distress, he had, for several months, frequent spasms. There was then another interval of comparative freedom when, without known cause, they again became frequent.

Under treatment some improvement now took place, but, while the intervals were lengthened, new features made their appearance. The man began to suffer from time to time from spasms in the upper limbs, saw flashes of light, or was attacked by sudden fears. He became the prey of extreme anguish, which overcame him on the street, at his store, or at his home. His fear was that he was on the point of exposing his genital organs, although he had in reality no desire to show himself so immodest or any mental idea impelling him to such act. This acute dread lasted several minutes and then suddenly ceased. The fear was especially painful when it occurred in the presence of his children. It rendered him extremely pale, tremulous, and caused him to seat himself or lean against a wall.

M. Féré looked upon these terrors as fragmentary attacks weakened by the bromides, the dose of which, however, had not been strong enough to cause their entire disappearance. The amounts were increased, and, although a cure could not be guaranteed yet, five months of complete immunity testified to the action of the drug and the nature of the morbid fears.

The fear and the impulse to performing an act are less distinct than are commonly supposed. Both probably originate in the same region of the brain. A genital element is not rare in epilepsy. Lasègue long ago taught that exposure of person might be a manifestation of epilepsy, and more recent experience has confirmed his opinion. Sometimes the aura consists of genital excitement. It is exceptional for this excitement to manifest itself equally at the beginning and end of an attack.

The third case was that of a man, 44 years of age, who entered the hospital with a certificate of mental debility, irascibility, impulses, and habits of onanism. The mental trouble had only commenced after his discharge from military service. He had begun to have vertigo and sudden fears.

He was seized on the street by sudden fear of being run over by some vehicle. It was only later that he began to suffer from infrequent convulsive attacks.

The foregoing cases show that in epileptics there may occur paroxysms of fear as abrupt in their beginning and end as

Digitized by Google

epileptic spasms in general and capable of being influenced by the same treatment. The characteristics appear to be well marked. Nevertheless, M. Féré points out that it must be remembered similar seizures may be due to some other cause. He instances a neurasthenic patient, neurotic by inheritance, who suffered from agoraphobia during the process of digestion exclusively and particularly after ingestion of certain articles of food which were never well tolerated. For two years the man was troubled by morbid fears whenever he went upon the street alone, but they gradually vanished when the general condition was cured. Our author also refers to an hysterical youth addicted to masturbation in whom analogous fears developed after excessive indulgence.

Epileptic fears are not the only fears which may occur paroxysmally, but they may be distinguished at once by their own positive characteristics and by the negative nature of those which accompany other disorders.

THE MOUTHS OF GLASS-BLOWERS.

THE effect of certain occupations in producing certain diseases has long been known to physicians and in some instances has forced itself upon popular notice. Mechanics, in fact, sooner or later, necessarily recognize that their trade exposes them to characteristic dangers, either local or constitutional. The intoxication of painters and others by lead has been so closely studied as to become classical. Affections of the skin and nails are unusually common among workmen in certain trades. A recent contribution to the literature of the general subject is a very interesting paper published by G. Liaras, of Bordeaux, in the Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie.[1] The author, in beginning, refers to an elaborate study of the subject in an inaugural thesis by M. Chaumanet. He then speaks briefly of the manner in which the blow-pipe is passed from mouth to mouth by workmen. This fact alone suggests the facility with which infectious diseases may be spread from one person to another. We know, indeed, that syphilis and tuberculosis are spread in this manner. The primary lesion of syphilis thus acquired is usually seated upon the lips, but may affect other parts of the mouth, as the tonsils.

Men who have worked at glass-blowing for a number of years have a languid air and are prematurely aged. Their most striking characteristic, however, is the peculiar aspect of the lower part of their face. By this conformation they may be recognized anywhere as glass-blowers. The mark consists in a sort of prolapse of the lower part of the cheek, which appears too large for the buccal cavity. The skin in this situation is a little wrinkled and traversed by irregular grooves running from above downward. It is of a dull hue, but the hair is in nowise altered. The epiderm is not thickened and preserves its normal elasticity. The derma is softened. The lips are soft and hang a little, the lower appearing a little more developed. If the man laughs, a series of concentric folds are seen upon the cheeks. When the man is at work his cheeks are distended and the wrinkles are effaced.

This dilatation of the cheek is more or less marked in workmen according to their age, constitution, manner of working, and the position which they occupy. During the dull season the deformity lessens, to make its appearance again when work is resumed. This pathological curiosity has scarcely ever been described.

The lips, which, as has been said, are often pendent, exhibit changes of mechanical origin and due to contact with the blow-pipe. The epidermis becomes hard and cracks. Sometimes they swell and are

[1] "La bouche chez les souffleurs de verre," Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 9 Avril, 1898.

Digitized by Google

covered by a small blister, which is followed by an eschar.

Most glass-blowers can with difficulty separate their jaws. Upon returning to work after a period of rest they are generally attacked by gingivitis, which decreases at the end of about fifteen days. The teeth are often altered. Dental caries and neuralgia seem to be particularly frequent in these workmen. This result is due to the sudden changes of temperature, the use of cold drinks, neglect of the teeth, and also to the act of blowing. The velum palati is often a little raised and projects backward.

The cavity of the mouth is enlarged and the mucous membrane lining the cheeks is thrown up into vertical and circular folds, giving it an appearance which has been likened to that of a tobacco-pouch. It is rough to the touch, but is neither ulcerated nor indurated. The buccal cavity is large in proportion to the thinning of its walls. All these pathological changes are due to the pressure within the mouth caused by the act of blowing and which has been estimated as equal to 150 millimetres of mercury and which is repeated 600 to 700 times a day. For this reason there is a vast difference between the aspect of the face when at rest and when at work. The habitual distension of the cavity of the mouth produces a dilatation of the orifice of Steno's duct.

When the mouth is opened as widely as possible and the folds of the mucous membrane are smoothed out there may be seen a mass of epidermal *débris* partly desquamated and bearing some resemblance to preputial smegma. These are special opaline patches, professional lesions which in very exceptional instances have a certain similitude to syphilitic mucous patches. They are due to the compression of the air and the constant irritation to which the parts are subject and are constituted by macerated and accumulated epithelial cells. These patches soon disappear when the men are not at work, but return when work is resumed. They can be confused with syphilis only in their early period before exfoliation has occurred. There are essential differences between them and the lesions of secondary syphilis. The latter rarely appear upon the cheeks, but in such cases are accompanied by lesions upon the gums and elsewhere. The opaline patch has a characteristic site and is constantly a bilateral lesion. The mucous patch is ulcerated, the professional patch is constituted by a constantly renewed exfoliation, and, finally, symptomatic adenitis is found in syphilis, but never in the disease of glass-blowers. The opaline patches of glass-blowers may be confounded with lichen planus, but the large, round, silvery-white lesions and the absence of lesions upon the tongue exclude the idea of lichen.

The alterations in glass-blowers' mouth have neither the consistence nor aspect of leukokeratosis. Furthermore, leukokeratosis is almost always situated at the commissures of the lips. It forms a single pearly-white patch marked by some fissures and does not readily desquamate. It must be remembered, also, that the opaline patches of glass-blowers disappear spontaneously when the man is out of work, and are never accompanied by ulceration or glandular enlargement. M. Chaumanet states that none of the lesions leave definitive traces. To M. Liaras this statement appears somewhat exaggerated and he finds it difficult to believe that the distended tissues can entirely regain their normal proportions.

Medical News and Miscellany.

Medico-Chirurgical College of Philadelphia. Close of Term of 1897-'98.—On the evening of May 19th the graduating class held its farewell meeting. Addresses were made by Thomas C. McCord, president of the class, and by Professors Seneca Egbert,

Digitized by Google

Ernest Laplace, L. Webster Fox, and W. E. Hughes. The valedictory address was delivered by A. M. Woodcock. A number of musical selections were rendered and "The Star-Spangled Banner," "Auld Lang Syne," and "A Farewell Song" were sung by the class.

The formal closing exercises of the term began on the same evening, when the graduating class was entertained by the faculty. Friday, May 20th, was "Alumni Day." At 11.30 A.M. a meeting was held in the college building for the purpose of receiving the graduating class as members of the Alumni Association. After the meeting those present assembled in front of the buildings to witness the raising of the national and college flags. Two American flags were swung to the breeze from the upper story of the hospital, while from the roof of the college the ensign of the institution was raised from a tall staff. The latter emblem is of red and green: the old Druid colors, typical of good health. The colors make a very effective combination. As the banners floated in the air an animated patriotic address was made by Prof. Ernest Laplace, who spoke as follows:—

"A century and a quarter ago in a cottage almost within the sound of my voice the star-spangled banner was born. The nation was young. The thirteen States forming the union that was to be a model to the mighty world were still without an emblem of its great destiny. Noble and patriotic women undertook, out of the spontaneous patriotism natural to all American women, the task of designing such an emblem. So that when Washington was first shown the flag he found it right. Its stripes majestic signify justice and liberty, while the stars on the azure ground symbolize the various States. From thirteen that originally formed the American galaxy now over forty stars of the first magnitude have united their lustre to shed the message of peace, liberty, and progress over the earth.

"Napoleon at the Battle of the Pyramids raised the hearts of his soldiers to valor and daring by saying to them, as he pointed to the great monuments: 'Behold, 4000 years look down upon you!'

"I tell you to-day, under the fluttering folds of yonder American flag, the beacon-light of civilization of over a century now looks down upon you, and inspires you with a suggestion of the enlightenment it is destined to bring to the world for all ages to come. Let this be the patriotic sentiment. There is another most appropriate to the occasion, which arises within us as we raise, at the same time, the colors of the Medico-Chirurgical College over the college building. In the history of institutions its progress has been phenomenal as that of the Union in the history of nations. Keep these two banners close together. May our college banner ever draw inspiration in the realm of higher endeavor from the national emblem, that they both may go for centuries on their sublime mission, that America and Americans should lead the world. O sacred banners, 'our life, our hearts, our prayers, our tears, our faith triumphant over our fears,' are all with you both!"

In the evening of the same day the annual oration before the Alumni Association and Graduating Class was delivered by Rev. Dr. Lawrence M. Colfelt. The oration was full of the earnestness and impressiveness of this talented divine. After the oration the alumni sat down to a banquet in the Bourse Building. Prof. John V. Shoemaker acted as toast-master. The toasts were as follow: "The Trustees of the Medico-Chirurgical College," Charles M. Swaim, Esq. "The Faculty," Seneca Egbert, A.M., M.D. "The Alumni," Morton Phelps Dickeson, A.M., M.D. "The Clergy," Prof. Edsall Ferrier, D.D. "The Trustees of the Medico-Chirurgical Hospital," Hon. John C. Grady. "The State Board of Medical Examiners," Samuel S. Latta, M.D. "The Press," Charles Francis Hart, Esq. "The Department of Pharmacy," Henry C. C.

Digitized by Google

Maisch, Ph.G. "The Graduating Class," Louis G. Wettrau.

The guests present were: Dr. James M. Anders, Dr. W. Easterly Ashton, Dr. M. Beardwood, Dr. Henry Beates, Dr. D. Benjamin, Dr. George M. Boyd, Dr. A. C. Buckley, Dr. Arthur H. Cleveland; Rev. Lawrence M. Colfelt, D.D.; Dr. George W. Cupit, Dr. E. A. Crueger, Dr. Morton P. Dickeson, Dr. James F. Donnelly, Dr. Seneca Egbert; Prof. Edsall Ferrier, D.D.; Dr. Henry Fisher, Dr. G. H. Fox, Dr. L. Webster Fox, Dr. C. Lincoln Furbush, Dr. E. S. Gans, Dr. E. B. Gleason, Hon. John C. Grady, Dr. Charles H. Gubbins, Dr. Andrew Godfrey; Charles Francis Hart, Esq.; Dr. John C. Heisler, Dr. J. G. Herchelroth, Dr. William C. Hollopeter, Dr. William E. Hughes, Dr. A. H. Hulshizer, Dr. E. F. Kamerly, Dr. H. C. F. Kellner; William King, Esq.; Dr. Howard S. Kinne, Dr. Ellwood R. Kirby, Dr. Ernest Laplace, Dr. Samuel S. Latta, Dr. Charles A. le Cates, Dr. James P. Lofland, Dr. Henry C. C. Maisch, Dr. J. P. Mann; Prof. G. H. Meeker, B.S.; Mr. McCall, Dr. Mishkin, Dr. John McKenna, Dr. Robert H. Nones, Dr. Isaac Ott, Dr. George W. Pfromm, Dr. E. H. Porch; D. T. Pratt, Esq.; Dr. Alex. Ramsay, Dr. J. S. Raudenbush, Dr. Eugene C. Rishell, Dr. A. E. Roussel, Dr. John V. Shoemaker, Dr. Herbert J. Smith, Dr. I. Newton Snively, Dr. William S. Stewart; Charles M. Swaim, Esq.; Dr. William L. Shindle, Dr. C. J. Steim, Dr. M. P. Warmuth, Dr. W. Newbold Watson, Dr. Simeon L. West, Dr. L. G. Wettrau, Dr. John W. Wilkins, Dr. Walter V. Woods.

The committee consisted of Dr. William Easterly Ashton, Chairman; Dr. E. S. Gans; and Dr. Howard S. Kinne.

On Saturday, May 21st, the commencement exercises were held at the Academy of Music. The musical part of the programme was under the direction of the Germania Orchestra. The degrees were conferred by Charles M. Swaim, Esq., acting president of the college. The address to the graduating class was by Prof. Isaac Ott, and is published in this edition of THE MEDICAL BULLETIN.

The following prizes were awarded: Highest averages: Third year, Fred. A. Sherrer; Second year, John W. Musser; First year, B. F. Beale. For best thesis, Fred. A. Sherrer. Those honorably mentioned were: Warren Z. Anders, Joseph Anthony Murphy, and W. Hardin Sears. The opening prayer and benediction were by Rev. Edsall Ferrier, D.D., of Easton, Pa. After the benediction the audience rose and sang the "Star-Spangled Banner."

The graduating class in medicine consisted of one hundred and thirteen members, together with three special graduates, viz.: Professors Isaac Ott, A.M., M.D., Seneca Egbert, A.M., M.D., and Joseph McFarland, M.D. The graduates in denistry were four in number, this being the first class graduated by the dental department of the Medico-Chirurgical College.

Medico-Chirurgical Hospital School for Nurses.—The annual commencement of the training-school was held in the new clinical amphitheatre of the hospital on the evening of April 19. The programme included an address by Prof. Ernest Laplace, an address by Rev. Elwood Worcester, presentation of diplomas by Prof. W. Easterly Ashton, presentation of prize-medal by Mrs. L. Webster Fox, and musical selections and a tenor solo by Mr. Guinnutt. An interested audience was present, and after the exercises the nurses received their friends in the board-room of the hospital.

Gift to the Medico-Chirurgical Hospital.—The late Theodore Wernwag bequeathed to the Medico-Chirurgical Hospital $5000 to found a bed to be named after a sister, Sarah Elizabeth Wernwag.

A Case of Myxœdema and Albumosuria; Treatment with Thyroid Extract; Death.—Dr. R. H. Fitz, of Boston, said that albumosuria, a rare condition, existed throughout the progress of the disease. Attention

Digitized by Google

was called to the fact that it might readily be mistaken for albuminuria, unless careful tests were made. On adding nitric acid to the urine a dense, white precipitate is formed, which is dissolved when the specimen is boiled, but reappears on cooling. If the urine be boiled in a test-tube, it becomes opaque at a low temperature, clears up at the boiling-point, and throws down a white precipitate when cooled again. Such reaction is said to indicate the presence of albumose, and calls for more extended chemical analysis. This case also shows that thyroid extract is not an infallible remedy for myxœdema.—Philadelphia Medical Journal.

Semicentennial Celebrations.—A dinner was tendered Dr. Frederick Gauntt, of Burlington, N. J., by the Burlington County Medical Society, April 20, in honor of the fiftieth anniversary of the doctor's membership in the society.

Dr. Samuel C. Busey, LL.D., celebrated the fiftieth anniversary of his graduation and entrance into the medical profession. Dr. Busey has been in practice in Washington, D. C., since 1846, and has served continuously as President of the Medical Society of the District since 1879.

Gleason's Operation for Deviation of the Nasal Septum.—At a recent meeting of the Section on Laryngology and Rhinology of the New York Academy of Medicine Dr. Robert C. Myles presented three wet specimens of nasal septa, one of which was a deflection almost entirely confined to the triangular cartilage: the condition in which the Gleason operation is especially appropriate. He said that in 1896 Gleason had devised a skillful and unique operation upon the nasal septum, to be performed without ether and under cocaine anæsthesia. It consists of a crescentic or U-shaped incision of the cartilaginous septum, and in some cases the incision should extend into the bony part. In certain patients, where the deflection is confined to the cartilaginous part of the septum and there is a condition of extreme deflection, this operation is to be specially commended on account of the readiness and ease with which it is performed. When he has been careful in the selection of cases he has secured most satisfactory results with a minimum amount of annoyance to the patient.

District of Columbia Medical Association.—The following are the officers for the ensuing year: President, George M. Kober; Vice-presidents, Drs. Cuthbert and L. Eliot; Secretary, Dr. J. R. Wellingham; Treasurer, Dr. Frank Lerch; Councilors, Drs. Mayfield, T. R. Acker, McLain, Ober, Carr, D. O. Leech, H. L. E. Johnson, and Holden; censors, Drs. Woodward, Cook, and Glazebrook.

The Medico-Chirurgical College May Confer D.D.S., Ph.G., and Ph.D. Degrees.—Judge Gordon has dismissed the exceptions of the Philadelphia Dental College, which sought to restrain the Medico-Chirurgical College from conferring graduate degrees in dental surgery and pharmacy. The Medico-Chirurgical College's petition to so amend its charter as to comprehend this broadening of the institution's field of usefulness has accordingly been granted.

Judge Gordon's opinion, in full, is as follows:—

"In the matter of the petition of the Medico-Chirurgical College of Philadelphia for an amendment to its charter.

"Sur exceptions of Philadelphia Dental College.

"We are of opinion that under the original act of incorporation of this college, on February 12, 1850, and its supplement of the 10th of April, 1867, the institution possesses the power to confer degrees in Dental Surgery and Pharmacy.

"The original act of incorporation empowers the college among other things to establish a Department of Instruction in 'Surgery (including Dental Surgery) and Pharmacy.' The supplemental act of 1867

Digitized by Google

confers upon the college 'all the rights, immunities and privileges as to lecturing, granting diplomas and conferring degrees in Medicine as is possessed by the officers and professors of the University of Pennsylvania at this time.'

"As was said by the Attorney-General of the State, in an opinion touching the right of colleges to confer degrees: 'The conferring of a degree simply marks a step in the educational career of the student. It is the expressed judgment of the Faculty that he has attained a certain degree of proficiency, and a diploma is granted as the evidence of such degree. The value of a degree depends entirely upon the character and standard of the institution conferring it. It may mean much or it may mean little.'

"We believe that the general grant of powers to this corporation comprehends the right to grant diplomas and confer degrees evincing the proficiency of its students in the various branches expressly authorized to be taught. Moreover the original act of incorporation specially excluded the right to confer the degree of Bachelor of Medicine or Doctor of Medicine, which would seem to have been a legislative interpretation that but for this exclusion the right to confer these two degrees would have been included in the general grant of powers. While it is true that a proviso or exception to an act cannot enlarge the language of the act or amplify a grant of power, still it may have effect and value as indicating the general legislative intent.

"The third section of the act of incorporation recites: 'That no enumeration of powers, privileges, and duties herein contained shall be so construed to exclude others not enumerated which are necessary to the fulfillment of the designs and purposes of this act, and not inconsistent with its express provisions and limitations.' It can hardly be claimed that the granting of degrees in Dental Surgery and Pharmacy is inconsistent with any express provision or limitation in an act specially conferring the power to establish a Department for the teaching of Dental Surgery and Pharmacy, or that the granting of such degrees is not necessary to the fulfillment of the designs and purposes of the act of incorporation. Conclusive force, we think, must be given to this argument in view of the special exclusion in the act of the two particular degrees in medicine referred to above.

"Again the supplementary act of 1867 amplifying the original act of incorporation brushed away even this limitation upon the power of the college to confer degrees and granted plenary authority to confer all the degrees in medicine possessed by the University of Pennsylvania at that time.

"Why would not this grant of power include degrees in Dental Surgery and Pharmacy? Are not Dental Surgery and Pharmacy branches of 'medicine'? The students in Dental Surgery are instructed, we are informed, in anatomy, physiology, chemistry, therapeutics, materia medica, pathology, and other branches of medical science, while in Pharmacy chemistry, physiology, materia medica, and therapeutics are branches of instruction. Indeed, the later and better tendency is to closely ally both Pharmacy and Dental Surgery to the parent science medicine, and to have the students in all three of these sciences matriculate with the same institution.

"The growth in the dignity and efficiency of Dental Surgery is largely due to the fact that the practitioners in this art to-day, unlike their representatives in the past, are educated carefully in allied medical studies. For this reason most of the great colleges of medicine have now regularly established schools or departments in Dental Surgery and Pharmacy, and the students in these branches seek institutions where they may have the advantage of medical clinics.

"The powers asked for in the amendment now before the Court we, therefore, think are already included in the chartered rights

Digitized by Google

of this college, but for the improvement and clarification of the charter, the amendment asked for is proper and should be allowed.

"Even if we had doubt as to this view we still regard the amendment asked for as a proper one, and within the scope of judicial power and it would be granted.

"The petition is therefore allowed, and a decree will be made accordingly.

"JAMES GAY GORDON."

Heroic Treatment.—The following interesting account of "bone-setting" by the natives along the banks of the Congo River appears in the new magazine The Wide World. It would appear that the local white doctor could not get a fractured leg to unite, the patient being a most intractable one, but the difficulty was surmounted by one of the patient's fellow-tribesmen in the following way: He was laid on the ground on his back and under his head was placed a box. The broken leg was then stretched straight out and covered with a little hillock of soft clay. This clay, being pressed hard down upon the leg and a fire kindled upon it, was practically turned into brick. The patient was kept in this position for over five weeks, being fed during the time by two attendants. The result is said to have been perfectly satisfactory.—Philadelphia Medical Journal.

Apoplexy in the Course of Whooping-cough.—Dr. Theodor mentions two cases of apoplexy in the course of pertussis. One case was in a boy of 8, who, in the fifth week of the disease, fell, after a severe attack of coughing, to the floor, as if struck by lightning. He remained unconscious for several hours; he regained consciousness on the next day, but his right side was paralyzed. In three or four weeks convalescence commenced, and he finally fully recovered. The second case was in a boy of 5, and the features of the attack and the course of the paralysis were similar to those of the first case. The cause the author ascribes to a rupture of one of the branches of the anterior or middle cerebral arteries, which are easily exposed to changes in the blood-pressure taking place in the internal carotid.—American Medico-Surgical Bulletin.

State and Provincial Boards of Health of North America.—The Thirteenth Annual Meeting of the Conference of State and Provincial Boards of Health of North America will be held in Detroit, Michigan, August 9, 10, and 11, 1898. The Quarter-centennial Celebration of the Establishment of the Michigan State Board of Health will be in progress at the above-named time.

An Oracular Answer.—The following story is told in the Practitioner concerning the late Sir Richard Quain. Quain had in the highest degree the power of inspiring confidence, which is the most essential part in the equipment of a successful physician. He was a past-master in the art of managing patients. There is a legend, however, that he was once driven from the field by a still more consummate artist. A financial leader in Israel had been suffering for a long time from renal trouble of a grave character, and which it was considered expedient by Quain and other physicians in attendance to conceal from the family. The wife insisted, much to Quain's annoyance, on calling in Sir William Gull, who, she said, would be sure to tell her what her husband was suffering from, which apparently none of the doctors knew. Gull, when interpellated on the subject, replied in his most oracular manner: "Madam, your husband is suffering from a cachexia." "There," said the lady, triumphantly, "I knew Sir William Gull would tell me!"—Philadelphia Medical Journal.

Colles's Law.—Hochsinger gives a lengthy discussion on Colles's law as it now stands, and on the questions which are connected with it. His conclusions are as follow: 1. Healthy women who have been impregnated by syphilitic men can

Digitized by Google

give birth to syphilitic children, but remain free from syphilis all their lives. 2. Women who are pregnant with the fœtus of a syphilitic father, but free from contact-infection from him, acquire through such a pregnancy a certain, but very variable, degree of immunity against syphilis, which has been the foundation for the so-called Colles's law. 3. Colles's immunity of the mother is the result of immunizing substances derived from the spermatically-infected fœtus, and is not absolute. 4. The exceptions to Colles's law concern women who, for reasons not always easy to discern, have only absorbed an insufficient quantity of the immunizing substance during pregnancy, or in whom the requisite tissue-activity for the establishment of immunity is absent. 5. A retro-infection of the mother from a spermatically-infected fœtus, the so-called *choc en retour*, or "syphilis by conception," is clinically not proved, and not provable, although theoretically not difficult to establish. 6. Finger's hypothesis of the toxic nature of tertiary syphilis, and of the cryptogenetic tertiary infection of the mother, is incompatible with Colles's immunity, and is at variance with the pathological anatomy and clinical experience of early congenital syphilis. 7. Hereditarily-syphilitic children infected by the father should not be suckled by the mother if it is her first child and she is free from syphilis. If the mother has had several spermatically-infected children, and is still free from syphilis she may confidently suckle the child.—British Medical Journal.

Sheltering Arms Hospital.—Dr. H. G. Nicholson, recently one of the House Physicians of the Virginia Hospital, has accepted the position of Superintendent and Resident Physician of the Sheltering Arms Hospital, at Paint Creek, Kanawha County, West Virginia.

The Bishop Was "So Glad to See a Man."—The Wellesley undergraduate is probably at her best when she is at leisure and has time to think about her gowns. A very good time to take a look at her is on Sunday morning, in chapel, or in the evening, at vespers, when the organ is being played softly and the lights are turned down. She is then rested and quiet, and just a little homesick; so that she has rather a spiritual, pensive look, which usually impresses the visiting minister greatly. But, in spite of his finding her individually sufficiently attractive, he looks upon her as rather trying when there are several hundred of her to be confronted. The stoutest hearts have confessed to quailing before such a cruelly young and critical audience. It is told of a celebrated bishop, always ill at ease with women, that, after his first sermon at the college, he departed hastily to the village, and was seen shaking hands violently with a porter whom he encountered at the station, as he warmly exclaimed: "How are you? How are you? I am so glad to see a *man*!"—From "Undergraduate Life at Wellesley," by Abbe Carter Goodloe, in the May Scribner's.

Ohio State Pediatric Society.—The Ohio State Pediatric Society held its fourth annual meeting in Columbus, May 3 and 4, 1898.

Mania in Convalescence from Measles.—A. K. Bond reports an interesting case of mania due to intestinal septic absorption, occurring on the eighth day of an attack of measles, the patient being a robust man aged 25 years. Violent delirium was associated with delusions of persecution; he mistook attendant's identity and required three men to keep him in bed. Temperature was 100° and pulse 120. Morphine, chloral, and bromides had no appreciable effect upon the patient's delirium, the author failing to recognize the cause until made evident by a free movement of the bowel on the third day thereafter, the delirium then giving way and convalescence continuing uninterruptedly. The ill development of the rash in the early stages

Digitized by Google

pointed to intestinal disorder, but what caused the acute development of putrefaction and sepsis on the eighth day the author could not determine. Recent laboratory work has shown the exact nature of these poisons which are taken up from the large bowel, and the treatment therefore is rather simple, even in the most alarming cases, if once the cause and location of the underlying sepsis be determined. In acute storms of the nervous system, whether neuralgic or mental, the condition of the large bowel is worthy of careful study.—American Medico-Surgical Bulletin.

The Hatfield Research Fund.—Walter Hatfield and Henry Reed Hatfield have executed a trust deed conveying to Drs. J. M. Da Costa, Herbert Norris, and Robert G. le Conte the sum of $6000. The income is to be paid in prizes, which are to be announced, awarded, and published by the College of Physicians of Philadelphia. Each is to be known as "The Nathan Lewis Hatfield Prize for Original Research in Medicine." The donors are the sons of Dr. Hatfield, who was for forty-five years a Fellow of the College of Physicians and ex-president of the Alumni Association of Jefferson Medical College. The subject of the essay is to be announced one year before the time fixed for handing in the essays for competition, and the prize can never be less than $500. The announcement will be made next autumn, and must be upon a subject of general medicine, medical pathology, or therapeutics.

Death of Dr. D. W. Yandell.—We learn with deep regreat of the death of Dr. David W. Yandell at his home in Louisville, Ky., after a lingering illness. Dr. Yandell was one of the best-known men in the profession of this country, and was an ex-president of the American Medical Association.

Wedding-bells. — On May 4th Dr. R. Oliver Kevin, of Philadelphia, was united in marriage to Nellie, daughter of Mr. and Mrs. C. B. Krusen, of Stillpond, Maryland.

Not Her Husband.—An amusing incident occurred lately at one of the medical wards of the Royal Infirmary. An out-patient was being examined in the side-room while the other patients and their friends were seated in the lobby waiting their turn. This particular patient suffered from a pigmentary skin disease; the back was one of the situations where the change was observed, but the patient could give no information as to the duration in that region; the physician, therefore, sent out the resident to bring in the man's wife, who was waiting. The house physician accordingly brought the only likely female waiting outside into the room, and she was shown the peculiar coloration of the man's skin. Asked if she had noticed any change in color lately, she indignantly replied that she had not, and on the physician urging that it was no uncommon thing for a woman to have seen her husband's back, she assumed a most tragic attitude, and exclaimed, "Sir, that is not my husband!"—Caledonian Medical Journal.

Medical Society of the State of Pennsylvania.—The semicentennial session of the society was held on May 17th, 18th, and 19th at Lancaster. Many valuable papers were read and discussed. During the noon-hours the hospitals were open for the inspection of the members of the society. The delegates and visitors were also entertained by the Lancaster City and County Medical Society, and the visiting ladies were received by the ladies of the Iris Club at their club-house. On the last day of meeting there was an excursion to Lititz, where the ladies were entertained by the faculty and ladies of the Linden Hall Seminary.

University of Montpellier.—A clinical chair of Diseases of Children has been created at the university, and M. Baumel has been appointed to fill the position.

The Caledonian Medical Journal.—From their beauty and their historical and ro-

Digitized by Google

mantic associations the highlands of Scotland are of great interest. The Caledonian Medical Journal is the organ of the Caledonian Medical Society, and is published at Glasgow under the editorship of Drs. W. A. Macnaughton and Andrew Little. In addition to strictly medical papers, the journal contains articles of biographical and literary character connected with medical men and the medical profession. In the January edition, for instance, we find the conclusion of a memoir of the medical men who were "out in the forty-five." Every reader of Waverly will be prepared to welcome information concerning those of our own profession who took part in that adventurous and ill-fated attempt. The medical contributions are of interest and value, and the journal will commend itself to all both on account of its literary and scientific merits.

Somerset County District Medical Society.—The annual meeting and dinner of the society was held at Somerville. The annual address was delivered by Prof. Ernest Laplace of the Medico-Chirurgical College. The subject of the address was "Some Practical Points on the Treatment of Head-injuries."

A Monument to Duchenne, of Boulogne.—A committee, having at its head the Mayor of Boulogne-sur-Mer and including many well-known scientific men, has been formed for the purpose of erecting a monument to Duchenne, of Boulogne, who did so much to advance the knowledge of diseases of the nervous system.

Maryland Ophthalmological and Otological Society.—A society having the above title was recently organized in Baltimore. Its meetings are to be held on the second Thursday of each month.

The Cartwright Lectures of the College of Physicians and Surgeons.—These lectures were given in the hall of the New York Academy of Medicine during a part of April and May by Professor Keen of the Jefferson Medical College. The subject of the lectures was the surgery of the stomach.

Medical College of Virginia.—Dr. F. H. Beadles has been elected Professor of Botany and Pharmacognosy. Dr. John P. Davidson has been appointed Professor of Diseases of the Eye, Ear, and Throat.

American Orthopædic Association.—A meeting of this association was held at Boston, May 17th, 18th, and 19th.

American Laryngological, Rhinological, and Otological Society.—The fourth annual meeting of the above society was held at Pittsburgh, May 12th and 13th.

East-Brooklyn Dispensary.—Mr. Henry Batterman has given the sum of $25,000 to the East-Brooklyn Dispensary as a memorial to his daughter.

Visited Philadelphia.—Dr. L. Harrison Mettler, formerly of this city, but now and for several years past, of Chicago, was recently in Philadelphia. Dr. Mettler is a diligent student and instructive writer. He is particularly interested in the study of neurology.

American Medical Temperance Association.—A summer meeting of the above association is to be held at Prohibition Park, Staten Island, on July 5th and 6th. There are many reasons for expecting a very large attendance. A number of important subjects relative to the use, abuse, and effects of alcohol are to be discussed.

Cumberland County (N. J.) Medical Society.—The annual meeting of the Cumberland County (N. J.) Medical Society was held at Millville, with Dr. H. W. Elmer, in the chair. After the reading of the minutes the afternoon was devoted to business matters. The following officers were elected for the ensuing year: President, Dr. Judson of Newport. Vice-president, Dr. J. B. Ware of Bridgeton. Secretary, Dr. Hamilton Mailly of Bridgeton. Treasurer, Dr. Joseph Tomlinson of Bridgeton. Reporter, Dr. J. C. Applegate of Bridgeton.

Digitized by Google

Union Pacific Railroad.—Dr. A. F. Jonas of Omaha has been appointed chief-surgeon of the Union Pacific Railroad in succession to Dr. Galbraith, of the same city.

Hospital Appointment.—Dr. C. M. Daniels, Chief-surgeon of the Erie Railway, has been appointed chief of the surgical staff of the Buffalo Hospital of the Sisters of Charity.

American Gastro-enterological Association.—The first annual meeting of this association was held at Washington, D. C., on May 3d.

Ophthalmological Society.—An ophthalmological society was recently organized in Louisville, Ky., with thirteen members. Dr. T. C. Evans is the president.

General Medical Council.—Sir William Turner, Professor of Anatomy in the University of Edinburgh, has been unanimously elected President of the General Medical Council in succession to the late Sir Richard Quain.

Ohio Medical University.—Dr. William J. Means, who has heretofore been Professor of Emergency Surgery in the Ohio Medical University, has been transferred to the chair of Principles and Practice of Surgery, made vacant by the removal of Dr. R. Harvey Reed from the State.

Lycoming County (Pa.) Medical Society.—The following officers were elected for the ensuing year: President, Sidney Davis, of Milton; first vice-president, W. E. Delaney, of Slate Run; second vice-president, C. M. Adams, of Williamsport; secretary, W. F. Kunkle, of Williamsport; treasurer, B. H. Detwiler, of Williamsport; censor, George D. Nutt, of Williamsport.

Appointed Superintendent.—Dr. Samuel S. Hill has been appointed superintendent of the State Asylum for the Insane at Wernersville, Pa.

Honorary Members.—Prof. Ernst von Leyden, of Berlin, has been chosen honorary member of the St. Petersburg Medical Society. Professor Adolf Baginsky, Extraordinary Professor of Diseases of Children at the University of Berlin, has been made an honorary member of the Society of Pediatrists of Moscow.

Therapeutic Society of Moscow.—Dr. Judson Daland has received official notification of his recent election as an honorary member of the Therapeutic Society of the University of Moscow, Russia.

Huntingdon County (Pa.) Medical Society.—The following officers, all of Huntingdon, were elected to serve until next January: President, M. R. Evans; vice-president, C. W. Banks; secretary A. B. Brumbaugh; treasurer, G. G. Harmon.

South Carolina Medical Association.—At the forty-eighth annual session of the South Carolina Medical Association, held at Harris Lithia-springs, the following officers were elected: T. T. Earle, of Greenville, president; G. R. Dean, of Spartanburg, first vice-president; W. G. Houseal, of Newberry, second vice-president; E. F. Darby, of Lynchburg, third vice-president; E. F. Parker, of Charleston, corresponding secretary; T. P. Whaley, of Charleston, recording secretary; B. D. Baker, of Charleston, treasurer. Drs. Robert Wilson, of Charleston, and G. R. Dean, of Spartanburg, were elected to fill the vacancies on the State Board of Health occasioned by the deaths of Drs. Bratton and Taber.

The Society for Christian Archæology of Athens.—Dr. A. Rose, of New York, has been elected a corresponding member of the Society for Christian Archæology of Athens.

Academy of Medicine.—Professor Charles Richet has been elected a member of the French Academy of Medicine.

New York Post-graduate School.—Dr. Edward S. Peck has been appointed Professor of Diseases of the Eye in the New York Post-graduate Medical School and Hospital.

Digitized by Google

Appointment of a Chief-surgeon.—Dr. T. B. Lashells is appointed Chief-surgeon of the Pittsburgh, Bessemer & Lake Erie Railroad Company, with headquarters at Meadville, Pa., vice Dr. H. W. Brown, resigned.

Massillon Asylum.—Dr. A. B. Howard, of Cuyahoga Falls, has been appointed trustee of the new Massillon Asylum by Governor Bushnell, to succeed Dr. A. B. Richardson, who has become superintendent of the institution.

Columbus Insane Asylum.—Dr. E. G. Carpenter has received the appointment as Superintendent of the Columbus Insane Asylum to succeed Dr. Richardson, who goes to the Massillon institution.

Philadelphia Pathological Society.—Dr. Frank B. Mallory, of Boston, addressed the Pathological Society at the Semi-annual Conversational Meeting.

Tri-state Medical Association.—The following officers were elected at the meeting of this society held at Dubuque, Iowa: President, Dr. C. E. Ruth, of Keokuk; first vice-president, Dr. Murphy, of St. Louis; second vice-president, Dr. F. H. Martin, of Chicago; secretary, Dr. J. W. Fowler, of Dubuque; treasurer, Dr. D. S. Fairchild, of Clinton, Iowa. The next meeting will be held at Quincy, Ill.

Revisionary Bequest.—The late Anne L. Garesche made a revisionary bequest of her residuary estate, amounting to $55,819, to the Pennsylvania Hospital.

Boston Dispensary. — Drs. Alfred A. Wheeler, James L. Stone, William P. Cones, and George A. Harlow have been appointed assistant surgeons; William Coggswell, assistant surgeon to the department for diseases of the genito-urinary system; Sidney A. Lord, assistant physician to the department for diseases of the nervous system, and Drs. William H. Grant, Charles N. Barney, Frederick J. Cotton, Elliott P. Joslin, Frederick W. Pearl, Franklin S. Newell, and Joshua C. Hubbard, district physicians.

The Omaha Medical Society, at its recent annual meeting, elected officers as follows: Richard C. Mann, president; Elenor S. Dailey, first vice-president; E. W. Lee, second vice-president; J. M. Aiken, secretary; W. R. Lavender, treasurer; D. C. Bryant, B. B. Davis, and C. C. Allison, censors; W. O. Bridges, Louis Swoboda, and H. B. Wilson, committee on programme.

The Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie.—Dr. Saint-Hilaire, of Paris, has become the proprietor and director of this old-established and valuable periodical.

Bequests.—Among the bequests of the late Dr. Cornelius N. Hoagland, of Brooklyn, New York, are the following: $24,000 to the Hoagland Laboratory, which he built at a cost of $100,000; $20,000 to the Brooklyn Free Kindergarten, and $14,000 to the Brooklyn Eye and Ear Hospital.

Angina Pectoris Following Inflammation of the Tonsils.—Zilgien records four cases of angina pectoris of several weeks' duration following febrile inflammation of the tonsils. He thinks the trouble was a neuralgia of the cardiac plexus occasioned by toxic materials formed in the tonsils.—New York Medical Journal.

Littell's Living Age.—The sketches by Paul Bourget, which have attracted attention as presented in translation in The Living Age, will be followed by one or two delightful groups of sketches by that other master of style, Pierre Loti. The appreciation of Sidney Lanier, by Th. Bentzon (Madame Blanc), which The Living Age presents in translation in its numbers for May 14th and 21st, is probably the fullest, most discerning and most delicate tribute ever paid to this poet, whose qualities have been imperfectly appreciated among his own countrymen. The Living Age has

Digitized by Google

bought the right to use serially Neil Munro's striking story "John Splendid," which is now running in Blackwood's Magazine. It is begun in The Living Age for May 28th, and will be published in weekly instalments until it is completed. It is Scotch—but not too Scotch; and, as W. L. Alden has well said, it marks a wide departure from the "kailyard school" of fiction.

Pennsylvania Hospital.—On the afternoon of May 21st the Managers of the Pennsylvania Hospital made their stated visit to the Departments for the Insane in West Philadelphia.

Removal.—Dr. James P. Mann has removed to 1234 Spring Garden Street, Philadelphia.

Dr. Stucky.—Dr. Thomas Hunt Stucky made a short stay in Philadelphia during the month of May.

Corresponding Member. — Sir William Turner, the newly-elected President of the General Medical Council, has been elected a corresponding member of the Physico-Mathematical section of the Berlin Royal Academy of Sciences. The honor is intended to be a recognition of the remarkable work of Sir William Turner as an anatomist.

St. Bartholomew's Hospital.—At a meeting of the Court of Governors of St. Bartholomew's Hospital held on Thursday, April 28th, the vacancy on the surgical staff caused by the promotion of Mr. W. J. Walsham to be full surgeon on the retirement of Sir Thomas Smith, Bart., was filled up by the appointment of Mr. d'Arcy Power, F.R.C.S.Eng., M.B.Oxon., as Assistant Surgeon.

Armstrong County (Pa.) Medical Society.—The following are the newly-elected officers of the Armstrong County Medical Society: President, J. T. Deemer, of Manorville; vice-presidents, J. T. McCullough, of Freeport; secretary, Frederic C. Monks, of Kittanning; treasurer, T. M. Allison, of Kittanning.

Appointed Health Officer.—Dr. Charles I. Redfield has been appointed Health Officer of the city of Middletown, New York.

St. Mungo's College, Glasgow. — Mr. Hugh Galt, M.B., C.M.Glas., D.P.H.Camb., has been appointed Professor of Forensic Medicine and Lecturer on Hygiene in St. Mungo's College, Glasgow.

Buffalo Medical Journal.—The Buffalo Medical Journal presents itself in an issue in an entirely new dress, the type for which was specially manufactured for it and will be used exclusively in printing its future editions.

Book Reviews.

Accident and Injury: Their Relations to Diseases of the Nervous System. By Pearce Bailey, A.M., M.D., Attending Physician to the Department of Correction and to the Almshouse and Incurable Hospitals, etc. New York: D. Appleton and Company, 1898.

This book is well adapted to fill a niche in medical literature. The subject is one of much importance from a medical point of view. It is of additional importance from the fact that many of these cases of nervous disorder due to accident are made the basis of law-suits. Furthermore, the subject often becomes involved in the mists of malingering. General practitioners frequently are very much troubled by their connection with such cases. Medically they are doubtless of much interest, but the surrounding circumstances may be the source of difficulty and annoyance.

Many of these results are of a presumably functional nature. For this reason the traumatic neuroses, as they are often termed, have been the subject of contra-

Digitized by Google

dictory views. Whatever the exact pathogenesis, however, they may be recognized as definite clinical types and diagnosticated with reasonable accuracy. The accumulated evidence as regards their character is scattered through numerous papers and monographs, many of which are in foreign languages. No attempt has been made in recent years to bring together in one book the broadening views concerning these disorders. Accordingly, the present work comes at an opportune time.

The book is divided into four parts. In the first part the organic effects of injury to the nervous system are considered. The second part treats of the functional effects of injury. The third part is devoted to malingering. In the fourth part the treatment of the traumatic neuroses is discussed. The section upon organic effects has been introduced because a disease can only be recognized as functional when evidence of organic lesion is absent, and to recognize the one we must be able to exclude the other class of affections.

A special chapter is given to the description of severe cases of unclassified type. The chapter upon malingering is of decided interest and is illustrated by many notable instances of simulation.

Brief Essays on Orthopædic Surgery, Including a Consideration of its Relation to General Surgery, its Future Demands, and its Operative Work, as well as its Mechanical Aspects, with Remarks on Specialism. By Newton M. Shaffer, M.D., Surgeon-in-chief to the New York Orthopædic Dispensary and Hospital, etc. New York: D. Appleton and Company, 1898.

This interesting little book is composed of reprints of papers published by the author at various periods during the past fourteen years. The author defines orthopædic surgery as that department which includes the prevention, the mechanical treatment of chronic or progressive deformities for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary. In Dr. Shaffer's opinion, the orthopædic surgeon as a specialist should refer all cases which do not demand special orthopædic care after operation to a general surgeon. The orthopædic surgeon, he says, should at least know how to make every apparatus which he needs. He deals constantly with mathematical and mechanical problems, and the applications of treatment are limited only by the vulnerability of the human tissues, and his therapy is regulated by his own hands.

Lexique-formulaire des Nouveautes Medicales et biologiques. Nouvelles maladies, nouveaux syndromes, nouveaux remedes, nouvelles operations. Par le Professeur Paul Lefert. Paris: J. B. Baillière et fils, 1898.

LEXICON-FORMULARY OF MEDICAL AND BIOLOGICAL NOVELTIES. New Diseases, New Symptoms, New Remedies, New Operations. By Professor Paul Lefert. Paris: J. B. Baillière and Son, 1898.

In this little volume the reader will find an analysis of larger works, an epitome of the most recent discoveries and theories in general pathology, anatomy, clinical medicine, and therapeutics. Both new drugs and new operations are noticed. The various denominations and synonyms used in medicine are described. Information is given under the names of authors, names of diseases, and names of drugs.

A Manual of Instruction in the Principles of Prompt Aid to the Injured, Including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps, U. S. A. Designed for Military and Civil Use. By Alvin H. Doty, M.D., Health Officer of the Port of New York, etc. Second Edition, Revised and Enlarged. New York: D. Appleton and Company, 1898.

This little book by Dr. Doty deals with an extremely important subject. Much

Digitized by Google

may be done by an intelligent and cool-headed person in cases of emergency before the arrival of a physician and without encroaching upon his responsibilities. On the other hand, many a life has been doubtless lost by ignorance and excitement on the part of by-standers. Believing that proper action in accident or sudden illness can only depend upon anatomical and physiological knowledge, the writer first briefly explains in plain language the chief facts concerning the structure and functions of the human body. His directions for emergency treatment are practical and can be easily understood by the reader, re-enforced, as they are, by excellent illustrations. The section on drill of the hospital corps is very timely at the present juncture.

The Diseases of the Stomach. By William W. Van Valzah, A.M., M.D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital; and J. Douglas Nisbet, A.B., M.D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital. Illustrated. Philadelphia: W. B. Saunders, 1898.

The notable advances made in recent years in the knowledge of the physiology of gastric digestion, the chemistry of the stomach-contents, the physical signs of imperfect digestion and the methods of the stomach that it has been necessary to rewrite the text-books dealing with this class of diseases. A new terminology has come into existence along with the improved diagnostic procedures and we have been obliged to reconstruct our views in many particulars.

The authors of this work have undertaken the task of describing the diseases of the stomach in their clinical aspect and in accordance with the most advanced knowledge concerning the bacteriological and chemical problems involved. They have succeeded in producing a clear account of their subject, harmonizing clinical experience with purely scientific data.

Great stress is very properly laid by the writers on the diet suitable to gastric disorders. This intricate subject is discussed at considerable length. A useful chapter is devoted to the consideration of the physical remedies, as water, electricity, and massage, which exercise such an important influence upon this class of maladies. The concluding section of the book is devoted to a description of the influence of gastric disorders upon other organs of the body.

The work of Drs. Van Valzah and Nisbet is a direct and practical exposition of a very important branch of medical practice, and its readers will acquire from its pages a distinct conception of the present state of knowledge in this department.

Public Health Reports. (Formerly Abstract of Sanitary Reports.) Issued by the Supervising Surgeon-General of the Marine-Hospital Service under the National Quarantine Act of April 29, 1878, and the Act Granting Additional Quarantine Powers and Imposing Additional Duties upon the Marine-Hospital Service, Approved February 15, 1893. Vol. xii, Nos. 1 to 53. Washington: Government Printing-office, 1898.

The publication in permanent form of the reports made weekly by officers of the Marine-Hospital Service places at the service of the professional public a huge mass of material, statistical and vital, relative to the control of epidemics and preservation of the public health. The conditions in foreign countries, in so far as they affect, or threaten to affect, our own land, are among the subjects which receive official treatment in this volume. The book also contains valuable reports from Dr. John Guitéras upon the yellow-fever epidemic and papers descriptive of experiments carried on under supervision of the department.

Digitized by Google

COMMERCIAL NEWS.

Antipyrine.

The importers have announced that they have reduced the price for Dr. Knorr's antipyrine, made by the Farbwerke vorm. Meister Lucius and Brüning, Hoechst-on-Main, Germany, as follows: In lots of 100 ounces or more, seventy cents per ounce. In lots of less than 100 ounces but not less than 50 ounces, eighty cents per ounce. Terms: Net cash, 30 days. F. O. B. New York.

Garofen.

Condensed from an article in the Medical Summary by Dr. Ben Brodnax, Brodnax, La. Name of product changed from gurania to gárofen.

"After trying a preparation called gárofen I thought some of my brethren would like to know of a pleasant pain-reliever. Some time ago I received a sample of the remedy from the Phénique Chemical Co., of St. Louis, Mo., but as I had a supply of other material, and not many cases requiring the effects, I put off testing it until I had a case of sick headache. I watched the effects of 1 tablet every half-hour, with the result that the second tablet gave relief, and after the third the patient slept well. There was no diaphoretic effect from it, and no after-effects that were unpleasant. The lady woke up as from a natural sleep. In a case of uterine pain from suppressed menstruation the effects were immediate; and after 5 tablets—1 every half-hour—there was perfect ease. I had used macrotis (B. Keith & Co.'s concentrated tincture), for a day or two, and continued the same for several days after the flow commenced. I have also used gárofen in several cases of measles in people over 40 years old, with the effect of quiet sleep, and much comfort to the patients. I cannot but think it is the hypnotic which will take the place of morphine and acetanilid and its many compounds and mixtures. It answers a splendid purpose where you desire to allay pain without any sweat, or any of the effects of heart-action with which the coal-tar preparations are charged. As a quieter of pain, pure and simple, I have found nothing superior to it outside of an hypodermic of morphine. I dread the use of morphine among my clientele, and have for several years tried everything that would in any way supplant it. This preparation, I believe, comes as near to it as any that I have used."

Guaiacol Carbonate.

Gilbert A. Bannatyne, M.D., M.R.C.P.-Ed., Hon. Physician to the Royal Mineral Hospital and to the Royal United Hospital, Bath, in an article entitled "The Treatment of Rheumatoid Arthritis" says, in The Edinburgh Medical Journal, January, 1898, as follows:—

"Believing that the disease was due to a micro-organism, the nature of which was described in the Lancet, April, 1896, I was led to employ the guaiacol carbonate on account of its high eliminative powers. I believe the guaiacol carbonate to act locally on the alimentary canal before absorption, and afterward by favoring the elimination of the toxic albumins with which it combines. I give guaiacol carbonate in doses of 5 to 15 grains, three times a day, rapidly increased to six times, when its effect is soon marked. I also apply pure guaiacol in equal proportion with olive-oil, painted on the affected joints nightly. Under this treatment I have seen rapid subsidence of symptoms and subsequent complete restoration to health, even in extremely severe cases."

Imperial Granum.

This is a prepared food that makes friends wherever its merits become known. The writer has been familiar with it for years, and takes pleasure in relating the

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

PILLS FOR DYSPEPSIA, MALASSIMILATION OF FOOD, ETC.

PIL. ANTISEPTIC.
(WARNER & CO.)

EACH PILL CONTAINS:

Sulphite Soda . . . . . 1 gr.
Salicylic Acid . . . . . 1 gr.
Ext. Nuc. Vom. . . . . ¼ gr.

Dose—1 to 3 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach, and enfeebled digestion following excessive indulgence in eating or drinking. It is also used with advantage in rheumatism.

PER 100, 55 CENTS

PIL. ANTISEPTIC COMP.
(WARNER & CO.)

FORMULA:

Sulphite Soda . . . . . 1 gr.
Ext. Nuc. Vomica . . . . . ½ gr.
Salicylic Acid . . . . . 1 gr.
Powd. Capsicum . . . . . 1-10 gr.
Concent'd Pepsin . . . . . 1 gr.

Try this pil. Used in all cases where there is no well-defined malady, yet patient is not well.

PER 100, 55 CENTS.

PIL. DIGESTIVA.
(WARNER & CO.)

℞—Pepsin Conc't . . . 1 gr. Gingerine . . . . . 1-10 gr.
Pv. Nuc. Vom. . . . ¼ gr. Sulphur . . . . . ½ gr.

In each pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by overindulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill Pil. Digestiva is unequaled and may be taken in doses of a single pill, either before or after eating.

PER 100, 60 CENTS.

W. R. WARNER & COMPANY,

PHILADELPHIA. NEW YORK. CHICAGO.

Effervescing Laxative Geyser Crystals.

"A Perfect Laxative Built on Scientific Lines."

CHARACTERISTICS:

Simplicity of Formula.
Scientific interest.
Retention of individual crystal effect.
More used—less required.
Permanent crystallization.
Creation Carbonic-acid Gas.
Safe, Rapid, Effective.

Added to water, produces a sparkling and refreshing carbonated laxative, beneficial in general constipation, particularly so in the Uric-acid Diathesis.

SELLS FOR TWENTY-FIVE AND FIFTY CENTS.

Submitted by

The Geyser Chemical Co., Brooklyn, N. Y.

FORMULA:

Sodium Phosphate, O. P., Sodium Sulphate, O. P., Sod. et Pot. BITART., and Kola-nut, treated with an Alkali and neutralized, combined with Effervescing Fruit-salts.

Digitized by Google

following clinical test of its merits: "The patient, reduced by disease and from the effect of the anodynes necessarily given to alleviate her sufferings, developed malignant cholera morbus, and for days lay in an almost-unconscious condition. As a last resort she was taken to a Boston hospital, where the physicians began administering imperial granum, prepared as directed for acute cases, in very small quantities. After several trials it was retained, and the strength and quantity was slowly increased. After four weeks' treatment, taking imperial granum only for nourishment, she was discharged from the hospital, and a few weeks later endured a severe surgical operation from which she completely recovered, and to-day seems in perfect health."

Invalids' Dietary.

Now ready: the second edition of Prof. Stucky's "Invalid Dietary"—a complete list in convenient form for use in gastritis, dyspepsia, gout, tuberculosis, fevers, diabetes, albuminuria, anæmia or debility, diarrhœa, obesity, and uric-acid diathesis—will be mailed on application by the Henry Pharmacal Co.

Maltzyme.

Maltzyme is the pure and unfermented essence of malt extracted and concentrated by a new process, which preserves the starch-digesting principle of malt, known as "diastase." Dr. C. C. Fite, of New York, is secretary and general manager, and is well known to the medical profession. While the company is a new organization, it will be seen that maltzyme is, in reality, the result of many years' practical experience in the manufacture and sale of medical malt preparations. Practically, this is one of the great new modern preparations which have proved very valuable in many neurotic diseases.—Quarterly Journal of Inebriety, January 18, 1898.

Old Remedy, New Uses.

There are very many important uses for antikamnia, of which physicians, as a rule, may be uninformed. A 5-grain antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and, in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seers' headache." The nervous headache and irritable condition of the busy business-man is prevented by the timely use of a 10-grain dose. Every bicycle-rider, after a hard run, should be advised a bath and a good rub-down, and two 5-grain antikamnia tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches, and sorenesses. As a preventive of the above conditions, antikamnia is a wonder, a charming wonder, and one trial is enough to convince.

Of Interest to Military and Naval Surgeons.

Whether or not the military and naval forces of the government at present under arms are to see much active service or participate in many pitched battles, certain it is that many minor casualties will occur and that the surgeons will be called upon to treat a considerable number of minor wounds, such as burns, abrasions, small cuts, etc.; in this connection it would seem as if the new local anæsthetic, "orthoform," should prove of peculiar service. For the benefit of the medical officers in charge of large bodies of men, we will state that orthoform is a fine white powder, entirely non-poisonous, possessing the unique power of producing complete and continuous anæsthesia when applied to denuded surfaces or whenever it can be brought in di-

(Continued on advertising page 20)

Digitized by Google

Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

IMPORTANT TO MEDICAL STUDENTS.

It is our custom during the Summer months to employ MEDICAL STUDENTS in the sale of our medical publications. We have in this way given employment to a large number of students in the past ten years, some of them to so good a purpose that their entire expenses in college have been borne by their vacation work for us. We are glad to correspond with any MEDICAL STUDENT, interested in this statement, who has at his disposal not less than three months' time during the coming Summer. Address,

Subscription Department THE F. A. DAVIS CO.

Tannalbin in . . . DIARRHŒA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin.

Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin

ALTERATIVE
ANTIRHEUMATIC
ANTICATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent. of Ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

rect contact with sensitive nerve-endings. As the drug is also a distinct antiseptic, it needs no sterilization. It can be applied pure, as a powder, or in 10- to 20-per-cent. ointment with any desired base.

Messrs. Victor Koechl & Co., 122 Hudson St., New York, the American agents, will be glad to send literature and samples to any medical officer requesting same.

Senna.

The action of senna combined with figs is to slowly, but effectively, evacuate the lower bowels and rectum. This it does without undue liquefaction of the stools, leaving them in a formed condition, thus daily exercising the muscular activity of the lower intestinal tract, ultimately enabling it to do its own work. California fig-syrup is pre-eminently a laxative, and not a cathartic. Abundant clinical experience has shown that it does not become progressively inefficient and will not enslave the condition of the bowels so that chronic constipation supervenes. This is an objectionable feature to many other laxatives and cathartics. The purpose of California fig-syrup is to coax and not to coerce nature, and it is the opinion of practitioners generally that it admirably fulfills this function.

Spermatorrhœa.

"Having a case of spermatorrhœa of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies, in this case, viz.: bromide of potash, ergot, ferrum, digitalis, belladonna, and cimicifuga, with very unsatisfactory results. Seeing your preparation, celerina, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with celerina which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease."—H. E. Raub, M.D., Quarryville, Pa.

The American Medical Association.

At the annual meeting of the American Medical Association, which commences at Denver, Col., June 7th, Messrs. McKesson & Robbins will place on exhibition a series of water-color drawings illustrating the life-history of the various organisms which cause malarial fevers. These plates will represent a magnification of the parasites of 20,000 diameters. A drawing on such a scale has never before been attempted, and the study necessary to perfect these illustrations has resulted in bringing out features in the organisms which have never before been recorded. The series, we venture to say, will represent a new departure in the study of these organisms, and we strongly urge our readers not to fail to visit this attractive exhibit.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

EVERY MEDICAL MAN who has any experience in GYNECOLOGY will, we venture to say, admit that he meets very few women who have not some trouble with their menstrual functions, whether it be Amenorrhea, Menorrhagia, Metrorrhagia, Dysmenorrhea, or some other irregularity. If he believes in the old adage that "experience is the best teacher," he will send and get a pamphlet containing the opinions of the leading medical men of the world as to the value of ALETRIS CORDIAL in these disorders.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

- It is a New Edition.
- Thoroughly Revised.
- Considerably Enlarged.
- With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
- Clear Type.
- Excellent Paper.
- Careful Presswork.
- Substantial Bindings.
- The Cost to the Physician and Student is Most Moderate and Reasonable.
- It is a Scientific Work.
- A Scholarly—that is, An Accurately-Written—Work.
- A Text-Book in Numerous Colleges.
- Warmly Commended by Teachers of Surgery Everywhere.
- The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
- Fully Abreast of the Times.
- An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: 117 W. Forty-Second St., New York City, U. S. A.
9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

JUST PUBLISHED.

EYE-STRAIN IN HEALTH AND DISEASE,

WITH SPECIAL REFERENCE TO THE

AMELIORATION OR CURE OF CHRONIC NERVOUS DERANGEMENTS WITHOUT THE AID OF DRUGS.

A Manual for the General Practitioner in Medicine to Aid in Detecting the Presence and Appreciating the Importance of Eye-strain in Health and Disease.

BY AMBROSE L. RANNEY, A.M., M.D.,

AUTHOR OF "LECTURES ON NERVOUS DISEASES," "THE APPLIED ANATOMY OF THE NERVOUS SYSTEM," "A TREATISE ON SURGICAL DIAGNOSIS," "PRACTICAL MEDICAL ANATOMY," ETC. LATE PROFESSOR OF ANATOMY OF THE NERVOUS SYSTEM IN THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL; LATE PROFESSOR OF NERVOUS DISEASES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT, ETC., ETC.

THIS treatise is one of so much importance to the general practitioner that its great practical value can hardly be overestimated. For many years Dr. Ranney has devoted the most painstaking and unprejudiced study and investigation to an almost endless variety of cases. The results are crystallized and given unreservedly to the medical profession in this handy volume.

The various chapters of the work are replete with illustrative cases. They discuss the results of Eye-treatment of Headache, Neuralgias, Sleeplessness, St. Vitus's Dance, Chronic Digestive Diseases, Epilepsy, Nervous Prostration, and Insanity.

The steps and instruments employed in testing by the latest methods the eyes and eye-muscles are described with sufficient detail to meet the requirements of the general practitioner in medicine, as well as the oculist, in making a diagnosis.

The indications and contra-indications for operative procedures upon the eye-muscles, and the method of performing graduated tenotomies and advancement operations are furthermore discussed in a separate chapter.

Fully Illustrated. In One Royal Octavo Volume. 325 Pages. Handsomely Bound in Extra Cloth, $2.00 net.

THE F. A. DAVIS CO, PUBLISHERS,
1914 AND 1916 CHERRY STREET, PHILADELPHIA, PA.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, JULY, 1898. No. 7.

Address.

THE SUCCESSFUL YOUNG DOCTOR.[1]

BY REV. LAWRENCE M. COLFELT, D.D.

MR. PRESIDENT, LADIES AND GENTLEMEN, ALUMNI AND STUDENTS OF MEDICO-CHIRURGICAL COLLEGE: Permit me to salute you and to congratulate you upon the splendid proportions to which this institution has so rapidly grown. Though one of the latest born of the medical colleges of our city, though but forty-eight years and one week old, the Medico-Chirurgical College has forged to the front rank of the medical institutions of our city and land. Its phenomenal history has not been due to chance, but to the lofty ideals and the intrinsic worth of the primary conceptions of its founders. The late Dr. Pancoast and Dr. Shoemaker, have not been simply men to give dignity to any institution, but also men of genius, to read the signs of the times; men who recognized that, if Philadelphia were to keep pace in the medical *renaissance* of our time, a decided stand must be made from the outset for higher medical education, for a longer period of study to match the immensely-enlarged curriculum, for a closer touch between the student-body and the professorate, for a more thorough and crucial examination, and, above all, for a practical and positively scientific instead of a didactic and a theoretic instruction. In fine, these men sought to bring about a revolution in medicine, such as the Technological Institute, with its experimental study of chemistry and physics and mechanics has forced upon all the classical colleges and universities of our land. These were grand elemental conceptions! To put them into operation involved a severe struggle; they were certain to encounter formidable prejudices; but the ardor, the courage, the patience, and the soundness of the original ideas of these men have triumphed and wrung from a conservative public the most substantial evidences of popular commendation.

Permit me to congratulate the Faculty of the Medico-Chirurgical College as now constituted upon another year of collegiate work faithfully performed, and upon another ring of solid concentric growth added to this young stalwart college-oak. The alumni and friends of the institution are gratified to see in the faculty a group of devoted men, young, able, energetic, talented: the peers of the instructors of any medical institution, fitted to wear worthily the mantles of their distinguished predecessors, instinct with the same lofty enthusiasm, consecrated to the same primal ideas, and carrying forward and upward with the same remarkable vigor the superstructure of this Temple of Medicine whose

[1] Oration delivered at the Medico-Chirurgical College, Philadelphia, Friday evening, May 20, 1898.

Digitized by Google

foundations have been so deeply, broadly, and elementally laid here.

But my congratulations belong especially to-night to the large group of young gentlemen who have finished their college-course, who have won their degrees by long and hard study, and who now purpose to transmute the theory into the practice of medicine, to be henceforth called "doctors," and to learn for the rest of life what abysmal meaning there is in that short word.

Indeed, I congratulate you upon everything but the orator of the hour! I find myself in much the same state as the old lady was upon whom the doctor was hastily called to attend. Her husband met the physician at the door of his office and exclaimed, in the greatest agitation: "Oh! Doctor, come quick, my wife has a pulsation of the heart!" If anything could give me a pulsation of the heart, it is to hear the address I purpose to make to-night denominated an "oration." Indeed, I do not think these young gentlemen of the graduating class to whom this occasion especially belongs would thank me for entering at this hour upon the formal discussion of some transcendent medical theme. Let the time past suffice for that. Your professors have given you more technical instruction in these four years than you can digest in the next ten. They have loaded you up with the golden nuggets of medical knowledge and the gain thereof will be better than fine gold. I would simply furnish you some dull coins, some pieces of silver for small change and daily use upon your life's journey. What I would most like to do in this last hour is to say something the least like an orator's periods or a learned professor's lecture, or even a grave divine's discourse, something that will come back to you in the weak and weary hours and cause you to thank me for some little inspiration and comfort when I, perhaps, will need it as much as any. In a word, I would fain come near to you and grip you each one by the hand and say in some simple manly, brotherly way: "Success to thee, thou young disciple of Æsculapius!"

1. That you may achieve success worth the having, permit me to say, first of all, you must not overestimate yourself. "Modesty," says Hafiz, the Persian poet, "is the finest jewel that can be clasped to the neck of a young man." This is a jewel that is not much worn in America. We seem to think that if knowledge did not begin with us it will certainly die with us. We imagine that our achievements, our inventions, our contributions to civilization, have put us at the head of all nations for all ages. Consequently, we in America have become a very egotistical braggadocio people, always running over with a sort of Fourth-of-July spirit of self-congratulation. I am often reminded of the German whom the poet Coleridge said he met at Frankfort-on-the-Main. Coleridge declares that this German always took off his hat with an air of most profound respect when he ventured to speak of himself; so the American people might well be painted in the chronic attitude of taking off its hat to itself. If this is the vice of old America, much more is it of young America. Our young people talk large. There is just the faintest suspicion of a bit of swagger in their manner. They are tempted to think more highly of themselves than they ought to think. Nothing can be more fatal to solid success than self-exaggeration at the outset. "Do you wish to be great?" asked Saint Augustine; "then begin by being little." Better begin than end with an humbling experience that we are not so clever nor so superior to everybody else as we had fancied.

Let us not flatter ourselves at the outset that we are great geniuses and wonderful fellows, bound to perform prodigies, to flash as professional stars, and to compel the world to proffer us its richest prizes right off. Rather let us all say we have a work to do and we are very little fit to do it; we

Digitized by Google

are weak, ignorant, foolish; worse, we are vain and conceited. "Seest thou a man wise in his own conceit; there is more hope of a fool than of him." When Socrates was pronounced by the Delphian oracle to be the wisest man in Greece, he said that he only knew one thing, and that was that he knew nothing. If the wisest men have been so humble, how much more should we be! Genuine power is generally silent, makes no loud claims, lets its work speak for itself, and has less joy in splendor of achievement than sorrow for the ideal that is unattained.

2. The successful young doctor will not underestimate himself. Avoidance of self-conceit and pretence and swagger on the one hand does not prevent a proper estimate of one's dignity and capacity on the other. That which a man holds himself to be he tries to be, and in the long run becomes. If you hold yourself copper, your life will be copper; if you count yourself gold and diamond your life will be gold and diamond, and this irrespective of original endowment. Some men are charged of Heaven with five talents, some with but one. What then? Is the one-talented man less beloved of God for this, less an immortal, and has he less opportunity for a sublime life? Nay, he has more, for if the age teaches us one lesson more than another it is that specialization is the condition of success. The one-talented man has the inside track in the race of life. Beside, the victory gained at the greatest odds betokens the most heroic man. Some students go home from college with a pocketful of high testimonials won in all sorts of college-competitions and are never heard of. Others go home hardly able to look their parents in the face for a kind of wordless shame, and yet I have seen many such a one who, after all, had the real stuff in him and in after-life arose to massive strength. An ungainly horse with a white rag bandaged tightly around his foreleg, thus publicly confessing his unsoundness, has galloped by the winning post at Derby at the rate of fifty miles an hour, and amid the wildest huzzas borne off the blue ribbon of the turf from a score of noble-looking thoroughbreds. Some of the finest work ever achieved by men has been done by men of physical and mental imperfection. James Watt was mentally handicapped in the race of life, with trying headaches, a sunken chest, the least-muscular limbs, the most melancholy temperament, verging even on suicide. He not only did the humdrum work of life well, but one of the greatest things ever done by man, and was laid at rest in Westminster Abbey among the "best benefactors" of the race.

Thirty years ago Sir Andrew Clark, since the distinguished physician, but then a young doctor, applied for a position at the London Hospital, and the gray-beards of that institution said among themselves: "Let us give the place to this poor devil of a Scot, it will please him, and he won't last long." Sir Andrew Clark survived all the doctors, nurses, and attendants of the hospital for many years, and this poor devil of a Scot wrought on, a jovial, healthy-looking man doing ten men's work, and up to his decease presenting an object-lesson of his own motto: *"Labor vitæ vita est"* (work is the elixir of life). Thus the lame horse, by work, by training, by skillful management, may even win the Derby. What though, then, our natures do have their limitations, what though God has conferred upon us but one talent, and that an humble one, let us accept it without a murmur, humbly, bravely, finally.

Argue not
Against Heaven's hand or the will nor bate one jot
Of heart or hope, but still bear up and steer
Right onward!

3. The successful young doctor will be a continuous and indefatigable student of medicine. The date of graduation is the

Digitized by Google

real commencement rather than the consummation of professional study. If you are to carry the banner of Medico-Chi. worthily onward and upward, it must be by redoubled energy and diligence. The rapid march of the medical profession demands the most strenuous effort on the part of every physician to even keep the pace. No profession has advanced with such leaps and bounds as medicine in the last century. I had almost said that medicine has soared like an eagle, while law and theology have crawled like snails. The medical progress of the first half of our century was thought to be phenomenal. The discovery of vaccination by Jenner, the researches by Hunter, auscultation by Laennec, renal pathology by Bright, general anatomy by Bichat, and the investigation of the nervous system by Magendie and Bell—these were thought to be epochs in medicine that could never be repeated. But the epochs in the last half-century have been as numerous and as amazing. The discovery of the reflex system of nerves, of the separate functions of different sections of the spinal cord, tracing of the natural history and self-limitation of many diseases, histology born of the microscope, surgery and obstetrics as affected by anæsthetics and antiseptics, clinics as modified by the thermometer, the ophthalmoscope, and the laryngoscope, and above all the apocalyptic visions, the new book of revelations, added to medicine by the discoveries of the bacterial origin of diseases—have constituted a wonderful forward movement.

But the next generation will be yet richer in epochs. Who can tell what discoveries await the continual development in optics, from the improvements of the microscope and the spectroscope intensifying the old and furnishing new methods of observation? Who can measure the progress yet to be attained through organic as well as analytical chemistry, carrying investigation beyond the microscopical analysis of the elements composing the body in health and sickness and penetrating the dark recesses of the protoplasmic cells and the external agencies that provoke their activities? Who can foresee what discoveries will arise from the transmission of the sounds of all the organs within the body with distinctness to the ear of the physician as the telegraph and the telephone are transmitting sounds outside the body? Who can predict what light the Roentgen rays will yet cast upon the internal structure of man, lighting up his subterranean being as a cave is illuminated by electricity? Who can tell what may be done for the limitation of diseases by hygienic and climatic measures, what time the public and the physicians learn to work together? Perhaps in the next half-century we will rise to the level of the half-daft Chinese, who pay their doctors to keep them well and stop the fee as soon as they are sick? Who can estimate the changes that will be wrought in a thousand directions by the prosecution of the germ-theory in the causation of diseases? I will say nothing of the occult powers, of which the signs are everywhere, of hypnotism, magnetism, telepathy, levitation, the unsuspected properties of radiating matter, and countless other phenomena that hover about the borderland of orthodox medicine, foretelling issues *none* can foresee. When Sir Isaac Newton had discovered the decomposition of light, the method of fluxions, the theory of universal gravitation, he said that he felt himself to be but a child playing by the sea-shore while the immense ocean of truth stretched all unexplored before him. We are still but the children of medicine, and the unexplored ocean of medical discovery stretches before, and not behind, us. Never were the problems so numerous, never were such revolutions impending! Even the heart of a layman can thrill at the glowing prospect stretching immediately before this noble profession. The miracles Christ wrought did but blaze the path, and were but anticipative of the greater miracles yet to be progressively per-

Digitized by Google

formed by your profession, animated by that love of humanity which the strong Son of God has inspired. But, young gentlemen, you are to be the miracle-workers of the next generation. You are to make the discoveries of to-morrow. You are to be the Jenners, the Hunters, the Laennecs, the Bichats, the Grosses, the Pancoasts, the Agnews, the Flints in the next chapter of medical history. The hope of humanity to be progressively secure from diseases depends upon you. Surely, then, if you would not only reach professional distinction, but be worthy of your sublime mission, you must not cease to be medical students. You must assiduously enrich and extend your professional knowledge by constant observation, reflection, and study, not only of the cases which come under your charge, but of the best medical works the world affords.

4. The successful young doctor will make his own opening. I dare say many among you are asking: "Now that I am a graduate, what on earth am I going to do?" I answer that you must not only be ready to take openings, but to make them. When Cromwell was asked to postpone an enterprise and "wait till the iron was hot," he said, "I will make the iron hot by striking it." It is the privilege of educated men especially to make the iron hot by striking it. Let the poorly equipped, the badly trained, the unskilled "wait for things to turn up" and take whatever is offered. But college-bred men should turn up things themselves, make things happen, create positions, rather than fill them. Any fool can go up in the world if he is provided with a steam-elevator to take him up. But you have got to climb the ladder of life hand over hand, rung by rung. There are prizes to be won as glittering as ever gleamed before the eyes of youth, but you must battle for them, they will not drop into your hand. But you say: "What can a young doctor do without patrons, or capital, or an established practice?" Do you know that I think it is a sort of insult to God for a man on whom God has conferred education to demand, besides; patrons, capital, and an established practice? It looks as if he wanted the earth. Capital! What capital does a man need who has professional ability, who has inherited the wisdom and the skill of ages? Patrons! Patronage is not required when the whole world has a peculiar friendship for and delight in youth, with its ardor, its originality, its strength, its knowledge up to date. Established practice? Why, there are hundreds and thousands of them waiting practices on the most tremendous scale, of the most remunerative kind, which will render you compensation in gold, weight for weight, for any capacity that you possess. For the whole world is sick and dying and ready to welcome and reward any man who can make it well or postpone its demise. Do you say, notwithstanding all this optimistic talk, that doctors are as plenty as the rain-drops now falling on the roof or as the leaves of the trees in the spring-time, and that the competition is fierce and relentless? Yes, doctors are numerous, but where? In the same place where lawyers and preachers are numerous. The crowd is at the bottom. But look just a little ahead and aloft, study hard, get ready for your opportunity, it is certain to come, it has never failed to arrive, and when it does arrive mate it, and so step up a bit; then battle onward against difficulty, valiantly surmounting every obstacle, and thank God that obstacles exist as the stepping-stones of progress to furnish you, in the victory over them, the keenest joy of which the human soul is conscious, and when you have climbed half-way to success you will find that the throng which once pressed around you has begun to thin and disappear, and that the competition is not nearly so fierce. And when by faith, and industry, and skill, and pluck, and perseverance, and grit you reach the height on which you have set your young heart, you will find

Digitized by Google

that there is no competition there at all at the top,—the crowd has disappeared as if swallowed by the earth,—and you can dictate your own terms and claim the highest rewards current in the world's marts for your honest and earnest work.

5. The successful physician will be an idealist. It is hardly orthodox to mention an idealist in this pragmatical age. The idealist is at once placed among the dreamers. But I pity the youth without a dream for the future. Have you never, when a boy, had dreams of the hour when you would draw out of the ruck of life and transcend the beaten paths where men practice their prudent virtues and vie for the tawdry prizes of this world? Did you never dream of a life which should be fashioned on the pattern of a glorious manhood, to be lived in the grand manner, destined to high achievement and to make some masterful stroke for God and mankind? Have you never had a vision of an ideal self which should tower above the mean, petty self and stand erect amid the pressures of this world: strong, tender, and true? This is what I mean by having an ideal. The youth that has not had this dream has missed the most precious thing in life. To be without it is like a garish day without the roseate flush and deepening glory of the drawn.

"I will be a hero one day" dreamed a youth as he paced the deck of a vessel at sea on a moonlit night. In that dream-hour Commodore Dewey, the victory of Manila, and one of the most heroic chapters in the annals of the American navy were globed and born.

"I will one day discover the means of performing a surgical operation without pain" dreamed the young doctor Morton. The dream became fixed, he brooded over it day and night. One day a group of physicians in the Massachusetts General Hospital looked down on a table on which lay an agonized woman and beside her this pale young doctor, whom they deemed a visionary. The young man touched her nostrils with a sponge, and lo! the pain evanesced; she was in the land of dreams. Whole armies of men in times of war and millions of suffering mortals in the days of peace have had cause to recall the vision and the faith of that young man with gratitude. His monument stands in a public garden of Boston, and all who pause under the cool trees and gaze upon it receive an impulse for a nobler life.

I had almost said that your whole career from this hour to your last pulse-beat lies in your first inspiration. Ideals, if followed, recreate us; they are the life of our life. The greatest men of time have been the greatest idealists, and, strange to say, the most practical, also. Abraham, Moses, David, Paul, and Jesus were the greatest dreamers, the most visionary men of history, and they were the most beneficent practical forces in the whole sphere of human development. Not a noble manhood, not a great creation of art, not a sublime piece of architecture, not a fine achievement any time, anywhere, that is not a crystallized dream. Matter is spirit. Our earth and the stars that glitter over our heads are but the dreams of God. It is the soul that contains the body, not the body the soul. All life is spiritual. To crystallize, therefore, our noblest vision, to become as near as possible to the ideal self, that is the most imperious work for us all. Plant therefore before your mind's eye the most exalted professional ideal of which you are capable. Hitch your car to a star. Aim for the sun and you will strike the moon, perchance. Strain every nerve to reach your ideal; put this ideal above fees, above everything of material consideration, and be faithful to it. It is the only road to any success that is worth the having. As Schiller makes Columbus say, "Trust in God that made thee and follow the sea that is silent."

6. The successful young doctor will be a man of practical talent. The true idealist will always be a man of indomitable will

Digitized by Google

and unflinching industry to make his dreams materialize. He will rest all his hopes of advancement upon his medical ability alone. There is only one thing that can permanently raise the reputation of a doctor, and that is practical medical skill, practical power to cure. Without this practical talent capital, partnership, the patronage of power and wealth, the widest circle of private acquaintance, any number of showy, extraprofessional accomplishments cannot advance a doctor far, and can never advance him with certainty. The public will not long employ a physician for his advantage, but it will always employ him for its own advantage. Practical talent, then, is the only solid basis of substantial medical reputation. To have this practical talent the doctor must love his profession supremely, investigate the science of it with the utmost ardor, and must cultivate the habit of patient observation and reflection and judgment upon every case submitted to his care and upon every symptom and every faintest change in it. He must develop the power of concentration, of summoning all his mental forces on the instant, of thinking strenuously and continuously on the thing in hand to the exclusion, for the time being, of every other thing. This, I believe, is the principal secret of success in all professions, but especially of the success of the doctor. Without this power to summon the whole mind at will, to crowd his whole self into the present trembling, fateful moment to the exclusion of all the disturbing influences to which the doctor is specially subject, he can never be successful. Difficulties and emergencies suddenly and constantly spring up before the physician. It is at such moments that he will make or mar his reputation. To do the right thing at the right time is what counts, and it is practical talent alone derived from an exhaustive study of the case in hand and exhaustive acquaintance with the details of all such cases which can free his mind from doubt and clarify his mental faculties, give him that self-possession and calmness, and, above all, that conviction that he is right, which the exigency demands. To be sure that he is right, as sure as if he had hours of time, and not moments, for reflection and decision—it is this certitude of conviction which makes the great doctors. It is this conviction in the brain of the great surgeon that puts the steel into his muscles and steadies his hand, and guides unerringly every movement in those trying moments when he cuts to the quick of life, and death hovers over every slightest direction of the knife.

7. The successful physician should be an invincible optimist. It is said that soldiers are not so sensible of fatigue when they march to music. Dr. Christ, surgeon in a division of General Thomas's army, has told me that after the battle of Chickamauga his division was ordered to cross one of the high Tennessee mountains. In hundreds of instances the soldiers' shoes were worn out and there was no time to requisition a new supply for the march. The men made shoes of cloth and felt as best they could, but when they ascended the mountain they found it covered with snow, and, what with the slush wetting and the sharp stones cutting these miserable make-shift shoes, they were soon utterly ruined and the soldiers had to throw them away as useless. The brave men struggled on, but scores finally fell out of the ranks and sunk exhausted on the rocks, cursing their pitiable plight. Just then Dr. Christ said to a group of men about him: "Let us sing"; and they sang the "Star-Spangled Banner" and "My Country, 'Tis of Thee," and the men in hundreds arose from the rocks and resumed their places in the ranks and went forward leaving behind them in the snow the marks of blood-stained feet, as did the heroes of Valley Forge. Cheerfulness conserves our energies, makes us more valuable as workers and more welcome as companions. You will do more work, you will do it better,

Digitized by Google

you will last longer as a human machine, if you go about your profession in an optimistic temper.

"Growl and get on" is said to be an English maxim, but growling and grumbling never made a business thrive or a man succeed, unless it was to growl at one's self and get on to a better state of mind. "Look at the bright side" said a young man to a friend who was always gloomy and discontented. "But there is no bright side to look at" was his doleful reply. "Very well, then, polish up the dark side" was the young man's cheerful rejoinder. This is sage advice. If there is no bright side, polish up the dark side by doing your duty bravely and blithely. To no one is a cheerful nature so fine a stock in trade as to a physician. Go into the sick-room remembering that a merry heart doeth good like medicine. Cheeriness was one of the engaging traits of Dr. Pancoast as I remember him in a case of meningeal congestion, in which I was the subject of his professional care. Of a truth, his very foot had "music in it when he came up the stairs." The bright face with which Dr. Pancoast entered the sick-room, his vivacious and blithesome talk, the impression of sunshine he left behind him, will abide in my memory while mind lasts. The doctor should comfort and cheer his patient; he should never let him think, as long as there is breath in the body, that such a thing as despair is possible.

8. The successful young doctor should be a man of the highest moral character. True, there is abroad in the world a sort of philosophy which maintains that a man who intends to forge to the front and reap the largest material returns must not be too finical, must not insist on the refinements of morality or the more delicate flavors of virtue. In the rush for wealth and luxury which is vulgarizing our great cities and demoralizing our age, young men before they are aware of it are tempted to yield to the corrosive taint of this maxim. I believe it to be a maxim taken bodily from the devil's hand-book on success, for if the Book of Revelation and the Book of Human Life agree in anything it is in this, that there is but one rock-bottom for success, there is but one house of life that can stand the driving winds and the descending flood, the hurtling storm and the creeping tide, and it is the structure whose very stone is plumbed true with righteousness. Life everywhere is organized and stands on the moralities. It attains the highest levels of force and fruition only by virtue of moral resistance and thrust. This is the philosophy of life attested by the ages and by millions of human experiments. Any other conception of life, however plausible, is to build one's house upon the sand, and great shall be the fall of it.

Washington Allston, when old and famous, gave to a pupil the secret of his and of all art. "Young man," he said, "if you would be successful as an artist you must keep yourself free from whatever tends to injure your moral tone, for nature does not reveal her beauties to a clouded soul." Yes, nature, science, art, law, theology, medicine, each and all have no revelations for a clouded soul. Keep the eye of your soul clear, do not permit your early moral intuitions to be blurred, cherish them as your richest possessions. They are the crown-jewels of your life.

9. But I would be faithless to my mission and untrue to my manhood if I failed to remind you that the highest success for a young doctor is impossible without taking the Great Physician as a partner for life's journey. After all, there is an indivisible remainder, an incalculable divine element in human life. Success and failure are bigger words than we can pronounce. Some men seem to be born with all the attributes of distinction. They have a clear conception of the thing to be done, a wise judgment of obstacles, great power of concentration and perseverance, everything, humanly speaking, on which we can confidently prog-

Digitized by Google

nosticate success, and yet they utterly fail and we prove fallible prophets. Perhaps there is success in life, it is just possible, without a single one of these gifts. Nothing, therefore, a man possesses can absolutely guarantee success. After all, promotion cometh neither from the east nor the west; it is God that putteth one down and raiseth up another. True, we are under the reign of law; but circumstances which man cannot control, changes which he cannot foresee, chances which he cannot regulate, have still a wide operation, and it is seen again and again that the race is not to the swift nor the battle to the strong.

I would fain, therefore, have you not forget to put God down on your programme for life. I would suggest that you should set your patients a good example by going early for the Incomparable Physician—the Doctor of Doctors. I dare say that even in your practice you will be moved to say betimes to your patients: "If the doctor is needed, the sooner you send for him the better." And what time you are called to the bedside of some patient too late, some child perchance, and you find that had you been sent for twelve hours earlier you might have saved the child's life, —that an emetic—a stitch in time—would have done it all, but now all your wisdom and art are absolutely in vain; then you will have the right, not only to be very sorry, but very angry, and to declare that this is an affront to the doctor, that it is an affront to your powers, that it is an affront to life in all its profounder meanings.

But there is a Great Physician who is waiting and wondering why you do not send for him early. We have only to say: "Father, I have sinned" and this Physician will see us afar off and hasten to our cure, and He will make us forever well in the most wonderful and scientific way: a way that should especially commend itself to a physician. When a man or woman is dying from loss of blood, the doctor sometimes, as a last resort, tries to save them by transfusing the warm, rich blood of another into their veins. I do not know that this heroic treatment has ever succeeded in a single case, but all things are possible with God, and this is the method of the Great Physician's cure. He transfuses His own blood, divine blood, into our weak and diseased veins. Millions bear witness that this specific has never failed; it is an infallible cure, bringing God's saving health to us for eternity as well as time. And if the physician, to whom, of all others, this method of soul-cure should commend itself and who comes so close to the mystery of life and death, should fail to call this Great Physician early, surely He will have special reason for special sorrow and special anger. I need not say more; you know what I mean. You know who this Divine Doctor is who is waiting to be called and who is as proud as any one of you, and will not come unless He be called—He is the Iatros (physician) with dyed garments who bears the likeness of the Son of Man. My mission to you is ended. My discourse is done. Good night.

Clinical Lecture.

SCABIES. COMEDONES AND ACNE. CHANCROID. SYCOSIS.

By John V. Shoemaker, M.D., LL.D.,
Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Scabies.

Gentlemen: Our first patient is a man, 25 years of age, who suffers from an eruption which itches terribly at night. It is spread over the entire body. The disease began upon the penis, whence it extended to the thighs. Lesions are also present in the sulci between the fingers. The rash is, for the most part, papular, though there are likewise some scales and scabs. Upon the forearms the skin is scaly and infil-

Digitized by Google

trated. The patient's tongue is heavily coated. He smokes, chews, and drinks, and has recently been on a spree.

Here we have a disease accompanied by intense itching and marked by a multiform eruption. Although, as I have said, mainly papular, there are a number of other lesions, some of which are primary and others secondary. I perceive vesicles and pustules, as well as excoriations and crusts. I should add that the disease has been in existence for ten days. From two facts which I have mentioned you might suspect this to be a case of syphilis. The eruption began upon the penis and it is multiform in character. On the other hand, the itching is atrocious, while syphilitic eruptions are free from that symptom. Other diseases than venereal may appear first upon the genitals. Herpes preputialis is not an uncommon affection. Aside from its multiformity, the eruption in this case lacks the peculiar coppery, or lean-ham, color which is so constant as to possess diagnostic significance in syphilis. Moreover, notwithstanding the variety of its lesions, this case presents us with a pathognomonic sign. Rivet your attention upon this sign, gentlemen, for there are not many pathognomonic indices in medicine. When I separate two adjoining fingers and closely inspect the vesicles there present, I find, leading off from each, a raised line, indicating the existence of a canal, or burrow, beneath the surface and in the substance of the epidermis. Furthermore, upon minute inspection I can detect in some places at the farther extremity of the burrow a tiny, yellowish speck.

Now, bear these points in mind. Whenever you meet with a case having the essential features which I have described, search for these burrows and the little specks at their blind extremities. By these you can interpret the case; by these you can make an exact diagnosis notwithstanding the utmost diversity in the aspect of individual lesions. For the exciting cause of all the lesions is to be found in these burrows and can be objectively demonstrated beyond all doubt. You will anticipate that this itching eruption is, in fact, no other than, in popular and expressive phrase, "the itch," *par excellence*. Scabies is the technical term for the disease, which is caused by the presence of a minute animal parasite known as the *Acarus scabiei*. It is the impregnated female itch-mite which works its way into the epiderm, in order to deposit its eggs. The parasite infallibly acts as a foreign body, and excites violent inflammation.

I examined the space between the fingers because that is one of the favorite spots of attack and because the parasites are, perhaps, better protected in this locality than upon the general surface. At all events, in this situation you will often succeed in finding the desired evidence.

Where the itch-mite penetrates the surface, a papule, vesicle, or pustule forms. As the parasites rapidly multiply, these lesions may, as in this case, be spread over a wide extent. This man, without doubt, acquired the disease by reason of his careless and neglectful habits. It goes without saying that scabies is eminently contagious. Wherever the parasite comes into contact with the surface there it may excite the disease characteristic of its presence. The hands are frequently the parts first involved, and, as they are constantly brought into contact with the penis in the act of micturition, the latter, also, becomes a favorite seat of the disease. Owing to the irresistible impulse to scratch, the surface is frequently torn and excoriated, while hæmorrhagic spots and fissures are produced.

In the treatment of scabies our objects are to destroy the parasite and allay the inflammation to which it has given rise. For this purpose external means are sufficient. We possess a host of parasiticidal agents, but in choosing one or more we must be guided largely by the local conditions. If the remedy is too severe it may, indeed, kill the itch-mite, but it will also

Digitized by Google

keep up the secondary inflammation. Sulphur makes a very efficient application, but, in private practice especially, its pungent and peculiar odor detracts from its availability. Naphthol is not open to the same objection, and it is, furthermore, of value in that it allays the cutaneous inflammation. Carbolized oil, styrax, Peruvian balsam, tar, and creasote are among other agents which have been successfully employed for the relief of this most distressing trouble. After the disease has been cured it is highly important to subject the patient's clothing to a heat of 212 degrees in order to exterminate any parasites which may have adhered to the garments.

For this patient the following ointment shall be ordered:—

℞ Betanaphthol, ʒss.
Sulphuris sublimati, gr. xx.
Unguenti zinci oxidi, ʒj.
M. ft. ungt.

Comedones and Acne.

A woman, 24 years of age, is seriously distressed by an unsightly eruption which covers her face. It consists of scattered black spots intermingled with papules. The disease exists only upon the face. There is also a peculiar discoloration, especially upon the nose, produced by a local application which the patient has formerly used. She tells me that she has used sugar of lead and a salve supposed to contain sulphur. The discolored surface looks almost as if some pigment had been applied. The patient is constipated, she has a coated tongue, and, apart from the actual lesions upon the skin, her complexion is dull and muddy, pointing to sluggish action of the liver and intestinal glands.

This young woman exhibits an association of two closely-related disorders. The black spots are popularly known as blackheads and in medical language as comedones. They are due to occlusion of the sebaceous ducts by an accumulation of sebum. The colored spot is not always black, but may be of a whitish or yellowish hue. The spot of black was, until lately, always thought to be due to a deposit of atmospheric dust, but Unna now maintains that it is caused by pigmentary change in the sebaceous plug. The papules so conspicuous in this case are also connected with disease of the sebaceous glands. They betoken a more advanced stage than comedones, and are the lesions denotive of acne, which is a distinct affection. Acne may be either acute or chronic, and it is distinguished by a diversity of lesions. In the present case they consist of papules, but in others we may, and often do, meet with pustules. These forms are known, respectively, as "papular" and "pustular" acne. Both varieties are frequent and both are often combined in the same case. Acne is one of the commonest diseases of the skin. In addition to papules and pustules we may have tubercles or nodules in acne. Sometimes the pustules develop into actual abscesses, and these may leave permanent scars after their evacuation. The papular is the mildest and the pustular is the commonest form of acne. The centre of the acne papule is often marked by a dark speck analogous to the comedo, and in such a case it is described as "acne punctata." This is the form which the present case has assumed. In addition to those of which I have spoken there are several other forms of acne, but as they occur much less frequently I need do little more than name them upon this occasion. When the pustules are hard, deeply seated, and indolent, the disease is described as "acne indurata." This usually develops upon the face. A sluggish form which appears upon the trunk and limbs of anæmic or scrofulous subjects is known as "acne cachecticorum." You must also bear in mind that certain drugs or chemical substances, used internally or externally, produce a drug-eruption or artificial acne. The iodide and bromide of potassium and numerous cosmetic preparations provoke artificial acne.

Digitized by Google

As acne is one of the common cutaneous affections, you will be prepared to hear that it depends upon a variety of causes. An outbreak of acne is very usual in both sexes at the age of puberty. Other prominent causes are disorders of the liver or alimentary tract, anæmia, general debility, and scrofula.

The case of the patient before us is doubtless due to functional inefficiency of the liver, together with a catarrhal condition of the intestinal canal. Faulty assimilation results, the nutrition of the skin suffers, and the lesions of acne appear upon the integument.

The patch of discoloration upon the nose is caused by injudicious local applications which have led to a permanent deposit in the mucous layer of the epiderm. The pigmentation can only be removed by destruction of the stratum Malpighii.

It follows, from what I have said, that the treatment of acne must depend largely upon the nature of the cause in each individual case. It would be, in the highest degree, unphilosophical to expect to cure a case by the application of local remedies when an internal cause was continually at work. Again, cases dependent upon gastro-intestinal catarrh will require entirely different management from those associated with anæmia or scrofula. Thus, you see, I lead you again, as I have so often led you before, to the practice of general medicine. You cannot successfully treat a single case of acne unless you learn to strike at the root of the trouble.

In addition to constitutional measures local applications are of considerable assistance by reducing inflammation and removing capillary engorgement. In most cases, therefore, a judicious combination of internal and external treatment is of more promise than a strict dependence upon one to the exclusion of the other method. As comedo is analogous in its etiology, its treatment is essentially similar to that of acne, and this is more particularly true when, as in this instance, both affections occur in the same individual.

Internally this patient shall be given:—

℞ Extracti nucis vomicæ, gr. ij.
Extracti belladonnæ fol. alc., gr. ij.
Extracti hydrastis,
Extracti taraxici, of each, gr. xx.

M. et ft. pil. No. xx.
Sig.: One pill three times a day.

For local use:—

℞ Acidi salicylici, ℥ss.
Collodii styptici, ℥ss.—M.

This solution shall be applied every second day to the pigmented spots. It will contract the patulous glands and act upon the mucous layer of the epiderm, destroying it, and with it the pigmentation. Let this be done every night for the first three nights. After an impression has been made upon the parts the following ointment shall be used:—

℞ Betanaphthol, gr. x.
Creasoti, min. v.
Unguent. zinci oxidi benzoati, ℥ss.

M. ft. unguent.

We shall order the patient to begin with the latter salve upon the fourth night and continue its use upon successive nights.

If at the end of a week the liver still remains inactive, the patient shall be given a dose of podophyllotoxin, which is a tonic and mild aperient.

Chancroid.

The next patient is a young man of 22 who, for four days, has had a number of sores upon the penis. The first sore made its appearance within three days after an impure connection. The sores occupy the border of the foreskin. The glans is very red. Around the lesions the prepuce is thickened and infiltrated. The sores furnish an abundant secretion.

The history makes us almost certain that

Digitized by Google

we are here dealing with a disease of venereal origin. It will not do, however, to give implicit trust to any history. We must study both the history and objective manifestations. This history informs us that the first sore appeared three days after sexual contact, that the first was soon followed by other and similar lesions, and that there has been an abundant discharge of pus. I feel the base of the sores and find them perfectly soft. From the facts elicited I am able already to exclude chancre. A chancre is a single sore, which does not usually make its appearance until three weeks have passed after the date of infection; it is dry, or comparatively so, and it has a characteristic hard base. A chancre is attended by hard, painless enlargements of the related glands, while the bubo of chancroid is painful and of an active inflammatory character. A chancroid begins so soon after the infecting connection that it is said to have no determinate period of incubation. The chancroid ulcerates, and is accompanied by copious suppuration. The pus contaminates adjacent surfaces, and thus new chancroids spring into being, and these, in their turn, give origin to other sores. This multiplication and extension of chancroids is known as autoinfection.

These are broad, distinctive features which serve, as a rule, to easily differentiate chancroid from chancre. This discrimination is of momentous consequence. For, whereas, notwithstanding its alarming and disgusting aspect, chancroid is but a local disorder and spends its fury upon the surface directly attacked, on the contrary, chancre, though seemingly a mild disorder, contains the germ of a lingering and destructive infection which does not confine its disastrous effects to the person, but which may spread to his innocent family and friends or may contaminate his unborn child.

These sores answer completely to the description of chancroid. The history and their characteristics warrant me in pronouncing a confident diagnosis of chancroid.

There is another affection of the external genitals, not at all uncommon in young people and which you must carefully endeavor to diagnosticate from chancroid. I refer to herpes, called, from its location, herpes progenitalis. The vesicles of herpes are generally small, they dry up, and form a crust, which falls off in the course of one or two weeks. The lesions of herpes do not, as a rule, give rise to deep ulceration. They are quite superficial. At times, however, they become acutely inflamed, the subjacent tissue becomes infiltrated, and sympathetic buboes appear in the groin. In such instances you must take great care to avoid making a mistake.

As chancroid is a purely-local disorder, it can be cured by local means. One capital point is to keep the parts clean. The pus must be washed away in order to prevent a continuance of the self-infecting process and give the sores a chance to heal. After the surface is cleansed a very general and effective practice is to touch the ulcer with a strong acid, as sulphuric, carbolic, or nitric acid. This starts up a new action, under which the parts rapidly heal. Some physicians use silver nitrate in substance or solution for this purpose. Hydrogen peroxide and Labarraque's solution are likewise beneficial applications. After the chancroid has been cauterized the use of a dry antiseptic powder is followed by good results. Indeed, such powders are frequently of service in the absence of a preceding cauterization. Bismuth, iodoform, calomel, resorcin, and acetanilid are among the substances which are used in this manner, alone or combined, in full strength or weakened.

In the present case I shall order the following powder to be applied:—

℞ Acetanilidi, ʒiij.
Bismuthi subnitratis, ʒj.—M.

Digitized by Google

Sycosis.

A man, 30 years of age, has been troubled for two years with a painful eruption upon the upper lip. The affected surface is infiltrated, covered with pustules, many of which have broken and are discharging their contents. His tongue is furred, pale, and tremulous. The man does not drink or use tobacco. He does, however, drink inordinately of coffee. The action of the heart is tumultuous, rapid, and irregular, and the organ is enlarged.

The disease is entirely confined to the upper lip, and this fact gives us a clue to the diagnosis. Many diseases may involve the lip in common with other parts, but this strict limitation is suggestive particularly of two maladies: barber's itch and sycosis. Tinea sycosis, or barber's itch, does not usually attack the upper lip. In tinea sycosis the hairs break off near their points of emergence from the follicles, have a ragged or nibbled appearance, and have lost their lustre. Tinea sycosis is a parasitic disease, and in doubtful cases the organism, the trichophyton fungus, can always be demonstrated. Tinea is eminently contagious, but sycosis is not contagious, at least in the ordinary sense of the word. In sycosis the root, but not the shaft, of the hair is affected. If a hair be extracted, its root is seen to be swelled and covered with pus. In sycosis the hairs pierce the centre of the lesions. In the early stage of sycosis the hairs are firmly fixed, but at a later period they become loosened by the suppuration. Sycosis begins in the form of small, discrete papules or pustules, or both, and these lesions may either remain isolated or may coalesce. The adjacent surfaces become swollen and infiltrated. There is a sensation of heat and tension, much smarting, and not infrequently actual pain. The pustules are liable to rupture, and the pus poured out concretes into crusts. In severe cases the skin may become riddled with apertures discharging pus. When the hair is thick and becomes matted together by the discharge the condition is very repulsive. In some cases sycosis spreads from the lip into the nostril, when it proves to be an exceedingly-obstinate and painful affection.

Sycosis generally occurs between the ages of twenty-five and fifty. As in the present case, the patient is, as a rule, in a debilitated state for one or another reason. Errors of diet have much to do with its production. In the treatment it is, therefore, necessary to adopt constitutional measures suitable to the case. It is often a good practice to begin the course by a mercurial purge. After the bowels have been opened the diet should be regulated. Nothing but simple and digestible food should be permitted. The vegetable bitters, alone or combined with nux vomica, and a mineral acid will often accomplish a good purpose. In anæmic patients iron, and in nervous debility phosphorus, are of benefit. Calcium sulphide is of value in limiting pus-formation. Massage and static electricity contribute materially to the welfare of the patient.

In the acute stage of sycosis only emollient applications should be made to the surface. It is well to cut the hair short, but I do not recommend shaving. Scales and crusts may be removed by the use of oil or a poultice. When the surface has been cleared of inflammatory products, we may advantageously make use of lead-water and laudanum, weak solutions of witch-hazel, zinc and lead acetate, or corrosive sublimate. In place of lotions, ointments of similar composition may be employed.

In the chronic form more or less active stimulation is beneficial. Oleate of mercury in 5- to 20-per-cent. strength is an efficacious preparation. Other substances which are employed locally in chronic sycosis are tar, sulphur, resorcin, salicylic acid, etc.

In the present case I shall order for local use an ointment containing 20 per cent. of the oleate of mercury with the addition of

Digitized by Google

a few drops of oil of cade to each ounce. He must abandon the use of coffee and must eat no fresh bread.

Internally, on account of the condition of the heart and circulation, he shall be given 1 drop of a 1-per-cent. solution of glonoin four times a day, increasing the dose gradually to 3 drops. The medicine will be given between meals and at bedtime.

After each meal he shall take:—

℞ Acidi hydrochlorici diluti, min. cc.
Pepsini, ʒiij.
Glycerini, ʒiv.

M. Sig.: One teaspoonful in water.

Original Communications.

BUZZING IN THE EARS AND ITS TREATMENT BY CIMICIFUGA RACEMOSA.[1]

By Drs. Albert Robin and Mendel.

Buzzing in the ears constitutes one of the most frequent, troublesome, and obstinate symptoms which the aurist is called upon to treat. We refer here to subjective noises; that is, auditive sensations perceived without objective cause.

The nature and pathogenesis of these sounds are extremely obscure. We can only give them a vague definition. They represent the reaction of the auditory nerve to all direct or reflex excitations to which they may be subject. The irritated nerve reacts according to its function precisely as the optic nerve reacts when it produces luminous sensations in response to irritation.

Buzzing occurs most often in the course of different diseases of the ear, external, middle, or internal. We conceive, indeed, that the lesions of these different regions may, by propagation or by the intermediary of exudates, cause irritation of the nerve. More particularly dry otitis media, still known as auricular sclerosis, in the chronic stage excites and maintains buzzing.

On the other hand, this symptom may be met with in various neuroses, as neurasthenia and hysteria. It may also arise in consequence of digestive disorders, serious dyscrasia, or even severe traumatism of this region.

Thus it is evident that the causes of these noises are varied. The symptomatology is more monotonous. The clinical picture is almost always the same. The patient perceives continual noises, which cease neither by day nor night and sometimes even prevent sleep. The sounds are of the most varied kinds. They are generally compared to the buzzing of a fly, the roar of steam, the splash of waves, or the simmering of a kettle. Sometimes they assume a more musical character, and resemble whistling or the sound of instruments. In short, the description of subjective sounds depends upon the education of the patients. It is enough to say that they reproduce almost all known sounds.

The duration of the buzzing is likewise very variable. If they appear only occasionally they cause little trouble to the patient. When they persist continually, however, they become an insupportable infirmity. The patients imperatively demand relief. In many instances they contemplate suicide as a means of escape.

Against such a distressing complaint therapeutics is almost powerless. Undoubtedly, if there is a foreign body or a plug of wax in the external canal the indication for its removal is plain and the liberation of the meatus causes the buzzing to disappear. Similarly, sounds due to acute otitis or a polyp of the tympanum may be banished by appropriate treatment. But the art of the specialist is restricted to these simple cases, just as therapy is limited in dealing with the digestive tube or with Bright's disease.

In addition to such cases there are many

[1] Translated for The Medical Bulletin from La Médecine Moderne of May 11, 1898.

Digitized by Google

dependent upon a chronic affection of the ear and which cannot be relieved. The various methods proposed are almost innumerable, from the air-douche to instillation of iodized vapors, the application of electricity, and administration of bromides and iodides.

Recognizing the inefficacy of former methods, we were led to make use, in these cases, of a remedy little employed, viz.: cimicifuga racemosa, which appears to us to be a vascular remedy and moderator of reflex irritability. We have obtained such excellent and demonstrative results as to cause us to consider this drug almost a specific in these cases.

Cimicifuga racemosa, a native of North America, belongs to the natural order *Ranunculaceæ* and the tribe of *Actæa*. The rhizome is the part employed. It contains a resin and an alkaloid: cimicifugine.

The rhizome is hard, from five to fifteen centimetres (two to six inches nearly) in length, and of a flattened, cylindrical form. It displays upon its upper surface the remains of numerous aërial branches, and upon its lower surface many filiform, brittle roots, which are more or less lacking in commercial specimens. It is of a dark-brown color. It has but a slightly-marked odor, and its taste is bitter and somewhat acrid. Upon a transverse section the roots present, in the centre, a whitish pith, surrounded by numerous, woody fibres irregularly arranged in the form of a nut, or star. The infusion of the rhizome blackens by the addition of a ferric salt.

In large doses cimicifuga produces nausea, vomiting, depression of strength, headache, and intoxication. The action upon the heart bears a distant resemblance to that of digitalis, but is much more feeble.

Cimicifuga has been employed as a stomachic and cardiac tonic in certain cases of cardiac debility. It has also been used in chorea, headache, and neuralgia. For some time this drug had a certain reputation as a specific in articular rheumatism, but experience has not confirmed this efficacy. It is a serviceable expectorant in acute and chronic bronchitis and in pulmonary phthisis.

Cimicifuga has been employed:—

1. As an antispasmodic in parturient women. It seems to exercise a relaxing influence upon the muscular fibres of the uterus. It also appears to have emmenagogue properties.

2. As a sedative and hypnotic in pruritus.

3. As a diaphoretic.

Cimicifuga racemosa is employed under three forms: a tincture, the dose of which is from 15 to 60 drops; a fluid extract, given in the dose of from 10 to 30 drops; and cimicifugine, the dose of which is from 5 to 20 centigrammes ($^5/_6$ to 3 grains).

Cimicifugine is obtained by the precipitation of the tincture by water.

We have always made use of the fluid extract, because that preparation contains the largest quantity of the active principle. We have prescribed from 10 to 60 drops (the maximum dose) of fluid extract, the average dose being 30 drops a day. It is advisable to test the susceptibility of a patient by beginning with a daily dose of from 10 to 15 drops before advancing to 30.

As we desired to treat the symptom, buzzing, we employed cimicifuga in all cases where this symptom was present, without reference to the state of the ear. We have, however, grouped our different cases according to the auricular diseases from which the patients suffered. This classification appears artificial to us, because the symptom, buzzing, is always of the same character. One consideration alone seems to us important from the diagnostic point of view. This is the date of the appearance of the subjective sounds. The more recent the development of this symptom, the more readily it will yield. The cases in which we obtained no result were those in which buzzing had been in

Digitized by Google

existence for a number of years: as five, ten, and forty-eight years.

In our nine other cases the results were rapid and complete. We must, notwithstanding, make an exception in two of these cases, to which we will briefly refer.

The first was that of a man, 59 years of age, who had suffered from intense buzzing for two years. These violent and continual noises coincided with a classical auricular sclerosis of both sides. The patient had been treated according to the usual methods without relief. We first prescribed 15 drops of extract of cimicifuga daily without any benefit. The dose was then increased to 30 drops. At the end of two days the buzzing entirely ceased. The patient abandoned the use of the medicine and the manifestation returned. He again employed the drops and the noises again vanished. With the cessation of the buzzing the hearing of the patient was very much improved without any other treatment of the ears. Unfortunately, this patient, who had been leading a quiet life, was obliged to accept a very laborious and fatiguing employment. In consequence of this complete change his general condition became bad, he suffered from digestive troubles, and the buzzings were not long in making their reappearance, notwithstanding the use of cimicifuga.

In the second case the success of the treatment was almost complete, but after a longer time than usual. The patient was a woman, 50 years of age, who, upon the death of her husband, was so affected that she fell into a state of very deep nervous depression. She was afflicted by intense and constant noises. She was conscious of a continual roaring in the left ear and sharp whistling in both ears, as well as sounds of boiling. These noises distracted the patient by their persistency and made her think of self-destruction.

Examination of the ears showed slightly-diminished power of audition. The middle ears presented trifling lesions, very usual at the patient's age (a small perforation of the membrane and a dull color of the tympanum).

We prescribed 15 drops daily of the extract of cimicifuga: a dose which we were in the habit of doubling after a time. The effect of the drug was long in manifesting itself, and it was only at the end of five months that the buzzing ceased. We had reason to think, however, that the treatment was not regularly followed.

Consecutive to a contusion of the eye the whistling sounds returned in both ears. The treatment was resumed and caused cessation of the noises in a month. For us this case deserves to be placed by itself, as it related to subjective sounds of nervous origin and occurring in the course of a very pronounced neurasthenia. The ear itself was probably in no wise concerned. This case also shows that, although the action of cimicifuga is, as a rule, extremely rapid, yet it may, in certain cases, be more slow.

In all our other cases the buzzing disappeared on the day after commencing the treatment. We also witnessed, in certain cases in which there was, at the same time, intense congestion of the middle ear, a rapid reduction of the hyperæmia under the influence of the cimicifuga. The same effect was observed in those cases of sensations of heaviness and tension of the corresponding side of the head, of which patients suffering from suppurative otitis often complained.

We will close this article by citing a little experiment which we were permitted to make upon a woman who suffered from buzzing, the cause of which was an old plug of wax which, by its presence, irritated the external auditory canal and tympanum. Without interfering with the plug, we prescribed 30 drops daily of cimicifuga. At the end of two days the buzzing had ceased. The wax was afterward removed.

Finally, we present the following conclusions:—

1. Buzzing of the ear may be considered

Digitized by Google

as the reaction of the auditory nerve to direct or reflex irritation.

2. Cimicifuga racemosa possesses an action upon the auricular circulation and upon the reflex irritability of the auditory nerve. The average active dose is 30 drops of the extract *per diem*.

3. Buzzing which has existed more than two years appears difficult to influence by cimicifuga.

THE PINELLAS PENINSULA: AN ADMIRABLE SITE FOR AN ARMY-CAMP.

By George A. Hewitt, M.D.,
PHILADELPHIA.

The first half of the present year has been pregnant with events. History is being made. When the series of papers descriptive of the numerous advantages of the Pinellas Peninsula was projected a state of profound peace existed in this country. We enjoyed the manifold blessings of peace and were permitted to bend all our energies to the performance of our ordinary duties and the development of the vast and varied resources of our country. Those who had occasion to speak of the Pinellas Peninsula dilated upon the most peaceful themes. We wrote of its rarely favorable situation. We described its salubrious climate, the fertility of which its soil is capable, the various crops which have been or may be raised, the material advances which had been made in this region, the advantages which it held out to settlers, etc. We recognized that in times long past no less than in the present this region possessed exceptional advantages for the health and prosperity of large communities. But within a few months a great change has come over all our land. The arts of peace, it is true, must still be maintained, but the stern necessities of national warfare have been forced upon our consciousness. All civil occupations are more or less subordinated to the duties of the hour.

One significant sign of the times crept even into papers dealing with the peaceful development of a certain part of Florida. We have had occasion to chronicle the growth of the tobacco industry in that State. Two years ago the condition of affairs on the island of Cuba had become so destructive to industrial pursuits that proprietors were obliged to abandon their homes in order to enjoy life and liberty in the midst of a free country. These refugees introduced the skilled cultivation of tobacco into Florida, and the promising results already obtained have been depicted in these pages. Many millions of wealth and thousands of peaceful industrious citizens were thus added to western Florida.

At length, the condition of affairs in Cuba became scarcely less intolerable to our citizens than to the suffering natives of that unfortunate island. The dread arbitrament of war has been invoked. A volunteer army has swiftly sprung into existence, and now stands on the brink of action. Brave men have responded to their country's call and have, preparatory to action, been massed at several points where they may be equipped and instructed in the arts of war. One of these camps, one especially memorable at the present moment, is, as every one knows, situated at Tampa, Florida. We have been surprised that the more auspicious Pinellas Peninsula was not selected as the site of this camp. The latter tract of territory possesses conspicuous advantages as such a site. Its area is sufficient to accommodate the largest body of men the government might wish to concentrate at any point. Its climate, even in summer, is mild and healthy. If all the details necessary to the preservation of the health of a large body of troops are observed, there is no point along our southern coast which can equal Pinellas Peninsula in its sanitary advantages. Its climate is practically that of an island. Almost literally from every point of the compass the air is blown over salt water. The land has sufficient eleva-

Digitized by Google

tion to be entirely free from stagnant marshes. There is no malarial influence in this locality. There is an abundance of fresh, pure water in the neighborhood, and, in fact, much of the water which is used in the camp at Tampa is brought from the Pinellas Peninsula. The slope of the land to the beach favors drainage. The temperature is almost never excessive. The average summer temperature is less than 80 degrees, and this, when tempered by the sea-breezes, is not only tolerable, it is healthy and enjoyable. In such a climate the drill and other exercises of camp-life are performed without discomfort or undue fatigue. In short, the climate of the Pinellas Peninsula is as healthy for a body of troops in the present year of grace as it was for a community of fishermen in prehistoric times, or as it has of late years proved for settlers from the North, who, to their surprise sometimes, found themselves able to live so far South through the summer and preserve their health and activity.

The facilities for transportation and embarkation of soldiers are excellent on the Pinellas Peninsula. St. Petersburg, at its southern extremity, is the terminus of the Sanford and St. Petersburg Railway, which connects with all the chief systems of the country.

St. Petersburg possesses two wharves at which transports can lie. The long wharf of the railway extends about three-fourths of a mile out from the shore. Vessels drawing from fifteen to sixteen feet of water can lie at the wharf one thousand feet inside the head of the pier. From this point toward the head the water deepens. The facilities for loading vessels drawing from fifteen to twenty feet are excellent. The channel is so deep and wide that no pilots or tugs are needed.

It has been stated that the policy of concentrating troops in a few large camps would probably be abandoned and that smaller bodies will hereafter be assembled at more numerous points. If this assertion be true we would respectfully suggest to the government the important advantages of the Pinellas Peninsula. As regards climate, healthfulness, and transportation facilities it is far superior to any other point in Florida. At the time of sending this article to press we have just learned that the government has at last recognized, at least to some extent, the superlative advantages of the location, that a water and landing station is being established along the shore just south of the town, that the clear and abundant waters of Booker's Creek are being impounded for reserve-supply purposes, and that a preliminary detachment of soldiers is already on the ground. This we believe to be sound policy, and we predict for the encampment at St. Petersburg a healthfulness unexcelled by any other point on the gulf or South Atlantic coast. Records will show a temperature ranging from 3 to 5 degrees cooler in excessively-hot weather than Tampa, and free from the insect annoyances that often make life unbearable on the mainland. We hope a permanent station will be established on the Pinellas Peninsula.

Abstracts.

Accidental Induration of Chancroids.

Its soft base is one of the characteristics of chancroid. The rule holds good on the vast majority of cases, but fails in some instances. At the Hospital St. Louis M. Fournier remarked that there are regions where all lesions are hard. There is, first, the groove between the glans and prepuce where the chancroid acquires a certain hardness by reason of the lymphatic tissue so abundant in that region.

Another position in which chancroids are hard is the lower border of the prepuce in the subjects of phimosis. Chancroids in this situation are always hard, because they

Digitized by Google

are irritated by the urine. Every irritated chancroid is hard. The urethral meatus is a third region where the soft chancre becomes hard. There, also, the induration is probably due to irritation by the urine. Another cause of accidental hardness is inflammation. Every inflamed chancroid becomes hard. Consequently, when a soft chancre is touched by irritant substances it becomes inflamed and hard. Thus, if a soft chancre be cauterized by a stick of nitrate of silver it becomes, in thirty-eight or forty-eight hours, like a chancre with indurated base. The stronger caustics—such as acetic, nitric, and hydrochloric acids; potassium, etc.—also produce this artificial induration. It is not only caustics which produce this induration. Certain local remedies, such as a 10-per-cent. solution of silver nitrate, cause induration of a chancroid in about the same time. The same effect is determined by a solution of zinc chloride, alcohol, sublimate, alum, tannin, and carbolic acid. It is not, however, only chancroid which becomes indurated from these causes. All lesions harden. Herpes and venereal warts, when cauterized, may become indurated.

M. Fournier advises that whenever a venereal sore is examined in order to determine its nature we should never fail to ask our patients the two following questions: Has this sore been cauterized? With what has it been dressed? If the patient says that it has been cauterized or dressed it is not necessary to attach any importance to what is felt by the finger.

The feel might suggest a hard chancre, but the induration may be disregarded, as it is purely artificial.

An old chancroid may become papular and resemble a mucous patch. Ulceration is then no longer manifest, but a papule, an excrescence, is seen simulating a mucous patch. It is exceedingly easy to mistake, in this manner, a chancroid in process of cure for a syphilitic papule. In order to avoid this error it is necessary to know that in a large number of cases a chancroid in its latter period of existence may become red and papular and that this formation takes place everywhere, but especially upon the uterine neck.—La Médecine Moderne.

An Eruption of Rose-Colored Spots in the Course of Grippe.

At a meeting of the French Congress of Medicine, M. Pelon, of Montpellier, called attention to the fact that the grippe is often accompanied by different kinds of eruptions, as urticaria, herpes, roseola, scarlatiniform and rubeolar rashes, etc. A rarer eruption consists of rose-colored spots like those occurring in typhoid fever. MM. Teissier, of Lyons; Lemoine, of Lille; and Delezenne, of Montpellier, were the first to draw attention to the occurrence of rose-colored spots in grippe. M. Pelon had also observed three cases of the same kind. The patients exhibited marked typhoid symptoms, such as prostration, headache, vertigo, tongue coated white in the centre and red at its tip and edges, diarrhœa, pain in the flanks, and high temperature. On the abdomen and thorax were seen typical lenticular, rose-colored spots, which disappeared under pressure. They were present in considerable number in two patients, but were less abundant in the third.

The clinical diagnosis was typhoid fever. The serum-test was, however, absolutely negative in all the cases. Furthermore, the symptoms rapidly disappeared and the temperature fell to normal. The disease was grippe of a typhoid form. In connection with these cases the speaker also wished to refer to the fact that rose-colored, lenticular spots may be present in other diseases than typhoid fever. They have been seen in the enteritis of children, in the typhoid form of puerperal fever and of infectious endocarditis, in granuloma, and in grippe. Contrary to what most authors teach, therefore, the rose-colored spots cannot be regarded as absolute diagnostic proof of the

Digitized by Google

existence of typhoid fever. They are evidence of probability, but not certitude.—La Médecine Moderne.

Apyretic Scarlatina.

At a meeting of the Medical Society of the Hospitals M. Renon spoke of a case of scarlatina in a child with angina and a scarlatinal eruption, but absolutely without fever. Neither was there any albumin in the urine. The dissociation of pulse and temperature, as pointed out by Wertheimer, was observed. The pulse rose to 110, while the temperature did not exceed 37° C. (98.6° F.).

Rendu had recently seen similar cases. In one case there was sore throat without any eruption. Another had an eruption without fever. There was no doubt that the cases were scarlet fever, because that disease in a typical form had attacked several other members of the same family.

M. Sevestre also mentioned having seen a certain number of cases exactly analogous to those cited by MM. Renon and Rendu.—Le Progrès Médical.

Cutaneous Tuberculosis with Numerous and Varied Manifestations.

At a meeting of the French Congress of Medicine MM. Brousse and Ardin-Delteil, of Montpellier, related the case of a young girl, 16 years of age, anæmic, and scrofulous since infancy, afflicted with a spina ventosa of the right toe, and who had suffered from a series of autoinoculations of the integument, terminating in lesions of considerable extent. These consisted of: 1. Tuberculosis verrucosa in vegetating patches. 2. Scrofulo-tuberculous tumors with serpentine ulcerations. 3. An area of true tuberculous lupus on the left cheek. This patient was, in herself, a striking illustration of the unity of nature of manifestations of cutaneous tuberculosis, all the varieties of which were grouped upon her person. She had been much benefited by ignipuncture and antiseptic dressings. The lupus had been treated by applications of chlorophenol.—La Médecine Moderne.

Disturbances of Pneumogastric Innervation in Typhoid Fever.

At the French Congress of Medicine MM. Monteux and Lop, of Marseilles, reported that during an epidemic of typhoid fever which prevailed in Marseilles they had observed two patients attacked by a rare nervous complication, viz.: disturbance in the action of the pneumogastric nerve. The disturbance was manifested by the following symptoms: Attacks of dyspnœa, tachycardia, hiccough, vomiting, distension of the stomach; pain, either spontaneous or provoked, of that organ and of the pneumogastric in the neck; and irregularity of the pupils. There was no lesion of the lungs or heart capable of producing the symptoms, and the urine, which was often analyzed, contained no albumin.

The authors were of the opinion that pneumogastric disturbance deserves mention together with the classical nervous disorders of typhoid fever.—La Médecine Moderne.

Etiology of Iritis.

At the Hotel-Dieu M. Panas said it is generally taught that inflammation of the iris, when not of traumatic origin, is habitually caused by syphilis and arthritism. M. Panas believes that many cases of iritis are due to other species of infection than syphilis. Recent investigation has shown that the retina is an organ endowed with complex functions and that, in particular, it appears charged with the nutrition of the ocular system. Toxins thrown into the blood-current reach the retina, and at the uvea and iris may produce infectious retinitis, uveitis, and iritis.

To a toxæmia were certainly due the ocular symptoms presented by a woman, 50 years of age, attacked by latent, chronic

Digitized by Google

iritis, without pain, but characterized by small, posterior synechiæ and vitreous trouble. In rheumatic iritis the pain is constant, and the symptoms are abrupt and acute. Syphilitic iritis, unless developed upon an arthritic or tuberculous soil, is, indeed, tardy, but this patient was not arthritic, tuberculous, nor syphilitic.

We learn from her history that at the age of 36 the patient suffered from decidedly-infectious symptoms, accompanied by fever. The menses were suppressed. Vasomotor disorders have subsequently been observed, such as flashes of heat and abundant sweats. Two years ago she had daily attacks of bleeding of the nose. Later she suffered from suppuration of the left middle ear. This affection was cured by means of local antiseptic treatment. The latest pathological manifestation was iritis of the left eye with a slight cyclitis and sclerotitis. M. Panas considers that this succession of diseases, all of infectious nature, has the same origin, and dates to the menopause.—La Médecine Moderne.

Malignant Syphilis.

At a meeting of the Society of Internal Medicine of Berlin Dr. Golz presented a young girl who had entered the Moabit Hospital on account of a severe syphilis which resisted all treatment. The ready occurrence of salivation was an obstacle to treatment, and a generalized eruption of partly-ulcerated papules rendered inunction impossible. Injections of sublimate did not prevent the evolution of the disease and particularly of large ulcers of the throat and tongue. The epiglottis was completely lost. An energetic treatment by inunction was, nevertheless, instituted, although a pleurisy developed, the effusion of which was gradually absorbed. Soon afterward a catarrh of the apices of the lungs occurred, but microscopical examination did not show the presence of bacilli in the sputum. Treatment was abandoned in favor of a reconstituent diet, but the body-weight diminished and fell to 34 kilos (76 pounds). Ulcers of the mouth, and arthritis of the knee followed, the last named being dissipated by mercurial inunction. The patient soon left the hospital in a comparatively-satisfactory condition. Several months later there was not a syphilitic symptom, and the catarrh of the apices had almost completely disappeared. The latter was, therefore, probably, of syphilitic nature.—La Médecine Moderne.

Frequency of Tuberculosis Verrucosa of the Hand in the Course of Pulmonary Tuberculosis.

At a meeting of the Medical Society of the Hospitals M. Béclère stated that quite frequently there is found in consumptives a patch of tuberculosis verrucosa upon the dorsal surface of the right thumb. This localization is, in all probability, due, as Vidal maintains, to the habit which patients have of wiping the moustache with the back of the right hand. Even in a left-handed person M. Béclère has seen such a tubercle upon the right thumb, whereas the localization is exceptional in women. The lesion would seem to be rather frequent, since M. Béclère has observed at the same time in the wards three cases afflicted with the disease upon the hand.—La Médecine Moderne.

Pneumonia with Arthritis and Purulent Pleurisy.

At a meeting of the Medical Society of the Hospitals MM. Galliard and Morèly spoke of the case of a patient, 44 years of age, an absinthe-drinker, in whom the development of the pneumococcus gave rise successively to pulmonary, articular, and pleural manifestations.

The first evidence of infection was a pneumonia of typhoid form. On the eighth day the temperature, which had declined, remounted to 39° C. (102° F.) and

Digitized by Google

more, while signs of articular inflammation appeared. Arthrotomy caused the temperature to fall, but the general condition remained bad. There was then discovered empyema of the left side. Thoracentesis was at first twice performed, with injection of antiseptic substances, but caused no improvement. Pleurotomy, on the contrary, brought about a rapid cure.

In the pus of the pleurisy and that of the arthritis the pneumococcus of Talamon could be demonstrated to the exclusion of all other organisms.

The authors call attention to the fact that in their two cases thoracentesis did not suffice to cause a cure, which was only produced by incising the pleura.—La Tribune Médicale.

Purulent Pleurisy with Gaseous Distension of the Pleura.

At a meeting of the Academy of Medicine M. Lemaitre reported the case of a woman, 21 years of age, who, after confinement, suffered from a left-sided pleurisy. The general condition becoming worse, it was decided to operate for empyema. The operation gave exit to 4 litres (7 pints) of very fœtid pus. Notwithstanding that before intervention it was perceived that the apex-beat was to the right, there was observed, in the front of the chest as far as the fifth rib and to the left axillary region, a tympanitic and sonorous sound. It had also been thought that there was but a small quantity of liquid in the pleural cavity. M. Lemaitre attributed the resonance so abnormally sonorous to distension of the stomach and colon. He based his opinion upon the following experiment. If a vessel full of water is placed in a box so as to completely occupy it and the box is then set upon a membrane capable of vibrating, such as a tambourine, a marked sonorous sound is obtained when the box is percussed. This is the explanation of what is found in cases of pleurisy similar to that which he described. In two other cases M. Lemaitre had observed the same peculiarities.—La Médecine Moderne.

Therapeutic Notes.

A New Vegetable Hypnotic: Casimiroa Edulis.

The study of the flora of Mexico, undertaken by the National Medical Institute, has already resulted in a new hypnotic, analgesic, and antithermic, extracted from the seeds of the *Casimiroa edulis*: a xanthoxylum of the rue family. Long experimentation and tests on several hundred persons have established its action and its freedom from secondary effects, and determined the toxic dose. It does not seem to produce sleep, but rather to favor natural sleep, from which one wakes refreshed in four to six hours. It is especially adapted to insomnia from cerebral excitement or alcoholism. The northern cousin of the shrub, prickly ash, has long been known as the "toothache-tree." — Jour. American Med. Assoc.

Ammonium Chloride in Dysentery.

Dr. John W. S. Attygalls, writing from Colombo, Ceylon, speaks highly from experience of drachm-doses of ammonium chloride given every four hours, in dysentery, milk-and-arrowroot diet being ordered. He has been surprised, in the majority of cases, at the rapid disappearance of blood from the stools, generally on the third or fourth day, and at the freedom from abdominal pain. In two cases only had he to resort to other treatment, which consisted of small doses of the extracts of opium and cannabis Indica dissolved in about a wineglass of honey and mixed with about a quarter of a fresh baël fruit, which is eaten at the time.—New York Medical Journal.

Digitized by Google

Antemetic Properties of Iceland Moss.

Degny and Bricemaret, in making use of a tincture of this drug on account of its nutrient, demulcent, and bitter-tonic properties in cases of gastric disturbance, find that it possesses marked antemetic properties. From 30 to 50 drops are administered in a little Seltzer water. The drug does not seem to have any effect on hysterical vomiting, and the authors have not as yet had occasion to use it in the vomiting of pregnancy.—New York Medical Journal.

Arecoline Hydrobromide in the Treatment of Glaucoma.

Lavagna reports that for two years past he has employed a 1-per-cent. solution of arecoline hydrobromide whenever he has had occasion to reduce the ocular tension. The instillation of a single drop of this solution gives rise to a burning sensation, with lacrymation and blepharospasm, but these unpleasant results last no more than a minute; after them there are conjunctival hyperæmia, with slight circumcorneal injection; but these, too, subside in a few minutes. At the end of two minutes clonic contractions of the iris occur, with diminution of the size of the pupil. The meiosis lasts for about half an hour at the utmost, and then the pupil gradually resumes its former size. The solution keeps well, retaining all its physiological properties for a year.—New York Medical Journal.

Captol: a New Antiseborrhœic.

Eichhoff recommends captol, a condensation product of tannin and chloral, in seborrhœa capitis and its complications. Captol is entirely harmless and unirritating. It forms a dark-brown, hygroscopic powder, which dissolves with difficulty in cold water, but more easily in a mixture of warm water and alcohol, is not affected by acids, but is decomposed by alkalies and turns dark. Eichhoff employs it in a 1- to 2-per-cent. alcoholic solution, and asserts that in every case in which he has employed it his results have been wonderfully good. He employs the preparation called "spiritus captoli compositus," which has the following formula:—

℞ Captol,
Chloral-hydrate,
Acid. tartaric., of each, 1.0 gramme.
Ol. recini, 0.5 gramme.
Spirit. vin. (65 per cent.), 100.0 grammes.
Essent. flor. æth., 9.5 grammes.—M.

—Jour. American Med. Assoc.

Codliver-oil in Phthisis.

The Therapeutic Gazette quotes from Crookshank as follows:—

A third and very excellent method is to give the oil in small doses combined with one of certain acid mixtures. The whole then forms what Dr. Williams has called an oil-sauce. One of the best of these mixtures is made up thus:—

℞ Acid. nitrici dil., min. xv.
Decoction cinchonæ, f℥j.—M.

It sometimes sets up diarrhœa, however, and if so one may try:—

℞ Liquor. strychninæ, min. v.
Acid. phosphor. dil., min. xv.
Infus. quassiæ, f℥j.—M.

A third formula is:—

℞ Acid. sulphur. dil., min. xij.
Tinct. aurant., f℥ss.
Salicin, gr. iij.
Syr. zingib., ℥ss.
Infus. aurant., f℥ss.—M.

These mixtures are excellent in themselves, and form very palatable combinations with the oil. They should be dispensed separately from the oil, and the "oil-sauce" only mixed at the time of taking.

Digitized by Google

Carbuncles.

George K. Swinburne injects the following solution as an abortive method in those carbuncles which are soft and soggy, and has had good results:—

℞ Glycerin, ʒj.
Salicylic acid, gr. c.
Borax,
Boric acid, of each, gr. l.—M.

—New York Medical Journal.

Cratægus Oxyacantha in Angina Pectoris.

Dr. Joseph Clements, of Kansas City, Mo., writes of this drug in the Kansas City Medical Index.

Cratægus oxyacantha is the English hawthorn, or it might be termed the British hawthorn, for it grows in Ireland as well as in England.

It is used in the form of a fluid extract or normal liquid. Dr. Clements made use of it with decided benefit in angina pectoris. He says: "I maintain that a drug whose physiological action and therapeutic power are solvent and absorptive on the diseased accumulations, and tonic and stimulative to its nerve-supply, must approach the nature of a specific in angina pectoris. The use of this drug for three or four months, taking 6 to 10 drops four times a day, with a week's intermission at the end of each month's use, has, to all appearances, entirely removed every symptom of the disease in the case reported."

Hæmatemesis from Gastric Ulcer.

In an article having the above title Professor Robin, of Paris, as cited in the Therapeutic Gazette, says: "The patient may suffer from incoercible vomiting. This must be stopped as rapidly as possible, seeing that it keeps up, or even increases, the hæmorrhage. In addition to the classical treatment of this complication, you may prescribe:—

℞ Picrotoxin,
Morphine hydrochloratis, of each, gr. j.
Atropinæ sulphatis, gr. $^1/_5$.
Ergotinæ, gr. xv.
Aquæ dest., fʒiv.
Spt. vini rectificati, q. s. to dissolve.

"M. Sig.: From eight to ten drops in a little water."

Malarial Spleen.

Ether-spray for hypertrophied spleen has proved extremely efficacious in relieving the respiration, the congestion of the organ, and the pain, in twelve new observations of malarial hypertrophied spleen. The left half of the abdomen was sprayed twice a day with 25 to 30 grammes of ether, and in about a month the spleen was reduced to normal size.—Jour. American Med. Assoc.

Insomnia.

In the insomnia of alcoholic pneumonia Dr. A. A. Smith employs:—

℞ Codeine, 2 to 4 grains.
Elixir of chloralamid (20 grains to $^1/_2$ ounce), 2 ounces.

M. Sig.: A tablespoonful, to be repeated if necessary, every two hours until three doses have been taken.—New York Medical Journal.

Night-sweats of Phthisis.

A formula attributed to Robin by The Prescription is:—

℞ Pulv. agarici, gr. viij.
Zinci oxidi, gr. iss.
Pulv. camphor, gr. $^1/_3$.

M. Sig.: One cachet. Take on going to bed.

Piperazine in Renal Calculus.

In the Philadelphia Medical Journal Dr. A. A. Eshner describes the interesting case of a lad who for years had suffered frequent attacks of renal colic.

Digitized by Google

After a course of piperazine in doses of 5 grains thrice daily, largely diluted with water, he passed a stone, which measured 18 millimetres in length, 10 millimetres in width, and 8 millimetres in thickness, and which weighed 18 $^{3}/_{4}$ grains; it was somewhat ovoid in shape, and of a somewhat ochre-brown color in general, although whitish at one extremity. It is surmised to be a uric-acid formation; it was not submitted to chemical analysis, as it was desired to preserve it intact.

While not thoroughly convinced at first that the good effects in the case were attributable to the use of piperazine, he no longer has any doubt upon this point. The demonstration has been nearly as positive and as convincing as a chemical reaction.

Renal calculus (actual size) passed by the urethra.

Trional in Whooping-cough.

Dr. Busdraghi says that trional is much superior to belladonna in the treatment of pertussis. In doses of $1^{1}/_{2}$ to 8 grains—according to the age of the child—it produces a quiet and deep sleep, only occasionally interrupted by a fit of coughing. In conjunction with the trional, he paints the pharynx with a 1-per-cent. solution of carbolic acid (containing, also, a small amount of glycerin and alcohol).—American Medico-Surgical Bulletin.

The Therapeutic Action of Hydrastinin.

Rousse contributes a long and important article on the internal effects of this base. The author's first observations were clinical, and he was able to confirm the well-known property of the drug (of which he employed the hydrochlorate) in checking uterine hæmorrhage, besides showing it to have an ameliorative influence upon the night-sweats of phthisis. He next investigated the action of the drug upon frogs and mammals, and was enabled to prove that it exerts a vasoconstrictor action on the generative organs and the intestine, which persists even when the bulbar vasomotor centre is paralyzed by chloral, and is hence peripheral in nature. A similar action probably results in the renal blood-vessels as well. As is only to be expected, some dilatation of the cutaneous blood-vessels accompanies this effect. Rousse furthermore finds experimentally that hydrastinin induces uterine contractions; this is not noticeable clinically, but he considers it probable that in women the uterine vasoconstriction is accompanied by a contraction of the smooth muscle of the organ, which is too gentle to occasion pain or abortion. During labor it undoubtedly strengthens feeble contractions and revives an inert uterus. The author purposes in a subsequent paper to state the results obtained with cotarnin, the action of which he has shown to be similar to that of hydrastinin.—British Medical Journal.

Scleritis.

In the treatment of scleritis of rheumatic origin, Dr. Hansell prefers the use of strontium salicylate to the sodium salicylate in the usual doses, on account of the freedom from the head-symptoms so frequently induced by the latter. A case at present under observation demonstrates that 60 grains daily may be given without unpleasant effects and with curative action on the inflammation.

Silver as an Antiseptic.

Credé has succeeded in obtaining a metallic silver preparation which was permanently soluble both in water and in albuminous fluids. When this preparation is inuncted in the form of a salve for from fifteen to thirty minutes, it is absorbed into the lymphatic channels and circulates dissolved in the body. In sterile lymph and sterile blood it remains in the condition of

Digitized by Google

metallic silver. In the presence of pathogenic germs or of toxins it enters into some as yet unknown combinations, and acts either as a bactericide or as an antitoxic agent. The use of the silver preparation causes no local changes. Credé and the physicians associated with him treated over one hundred cases affected with the most varied septic diseases with the remedy. The first inunction was made in the evening, and the second upon the following morning, and no other measures were employed during this time. The amount of the salve used in the adult was, as a rule, 3 grammes (45 grains); for boys 2 grammes (30 grains), and for little children 1 gramme (15 grains). The inunctions were practiced upon a part of the body far removed from the site of the disease. Lymphangites, phlegmons, septicæmias, phlegmonous anginas, and septic complications of scarlatina and diphtheria were treated. In all the cases a remarkably-favorable effect was apparent in from five to thirty hours. The general condition improved, the fever fell within twenty-four hours, and rapid retrogression of the septic process set in. Almost hopeless cases rapidly improved.

The Value of Errhines as Expectorants.

Sir Dyce Duckworth states that the benefit sometimes derivable from sneezing in cases of suffocative bronchitis is not sufficiently appreciated in medical practice. When cough is little effectual in promoting adequate expectoration, sneezing is often a powerful aid to the latter process. This may be readily induced by ordinary snuff. Failing this, recourse may be had to a snuff composed of 1 part of veratrine and 20 parts of starch, lycopodium, or licorice powder. The author found marked relief thus afforded, and the powder may be used two or three times daily. Other methods of treatment must be applied, especially the employment internally of ammonium carbonate, senega, and nux vomica. Terebene is also of good service in such cases. But we have few better agents for rousing the respiratory centre in the medulla oblongata, reflexly through the nasal branches of the fifth nerve, than errhines, and their value has, the author thinks, been too much forgotten in recent practice.—American Medico-Surgical Bulletin.

Velander's Pillow-slip Method of Mercurial Inunction.

Dr. R. Hogner describes this new procedure of the Stockholm professor, Dr. E. Velander, for the application of mercurial ointment. He considers it to be practical, effective, convenient, and clean. Velander was convinced, some years ago, that the mercury in an ointment is absorbed after being vaporized. He has, therefore, given up spreading the ointment upon the skin, and spreads it, instead, upon the inside of a small pillow-case, which is hung, upon succeeding days, alternately on the back and on the chest. It is kept in position by ribbons over the shoulders and around the waist. The pillow-case is made of cheap cotton cloth, and one of the external faces is smeared with the ointment. It is then inverted so as to bring the ointment on its inner surface, and is placed in position so that the layer of cloth upon which the ointment is spread is in direct contact with the body, while its unsmeared side protects the clothing. Every night fresh ointment is spread over the old without removing this, and at the end of ten days the pillow-case is thrown away and a new one is prepared. Baths should be taken twice a week, and the skin of the chest and back washed every night. The quantity of ointment used daily is 6 grammes (90 grains). The effect of the treatment is very rapid, as more mercury can in this manner be absorbed with fewer unpleasant effects, such as stomatitis, etc., than when it is otherwise administered. —Jour. American Med. Assoc.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, July, 1898.

THE ANTAGONISMS OF DISEASE.

THE co-existence of two or more distinct diseases in the same subject is an interesting fact. In many instances the different affections may be traced to the operation of a common cause, and may, therefore, be looked upon as parts of one general process. In other cases, however, the co-existent maladies are essentially distinct in origin and nature.

The converse of the preceding statement occasionally happens, and the advent of one disease is the signal for the improvement of another which had previously been in existence. In some cases the first ailment returns upon the cessation of the second disorder. In other instances the first is cured by the evolution of the second malady. It has long been remarked that the occurrence of pulmonary emphysema militates against the development of pulmonary tuberculosis. The course of vaccinia exerts a beneficial influence upon that of whooping-cough, etc. So marked are these conflicts between certain affections that it has been proposed to drive out one disease by the introduction of a second which is known to be hostile, and, indeed, the suggestion has, in some cases, been acted upon in practice.

This is undoubtedly a very interesting subject for clinical investigation, but it does not appear to have been, as yet, very much cultivated. It has, however, been of late made the subject of an excellent paper read by Dr. Harry Campbell before the Brixton Medical Society and published in the British Medical Journal.[1] Dr. Campbell divides his remarks into two heads: those relating to the prophylactic and those to the curative effects. The first class does not admit of much discussion, since our knowledge of such effects is limited. His second class our author subdivides into five groups: those which act by metastasis, those which produce mechanical effects, the beneficial effects of trauma, of febrile disorders, and, finally some miscellaneous cases showing the same beneficial action of disease. The abrupt variations in the symptomatology of functional nervous affections is not so surprising, since we have long ago learned to recognize this as a characteristic feature of such disorders. It is not so plain, however, why a gonorrhœal discharge should disappear upon the occurrence of epididymitis, why rheumatism or gout should leave one joint to fasten upon another, or why gout should suddenly transfer its manifestations from the articutions to the viscera.

From time immemorial the relation of diseases of the skin to those of the digestive organs and general system has been recognized. The variations in the condition of the skin, however, are not always in accordance with those of the internal organs, for in not a few instances the disease upon the surface causes, or at least is coincident with, amelioration of the internal disorder. Several interesting examples of this influence are related by Dr. Campbell. He mentions a case of eczema which alternated in intensity with severe dyspepsia, the latter being improved when the skin was diseased and *vice versâ*. Another case was that of a patient who twice suffered from urticaria, which on each occasion terminated in a copious hæmatemesis. He refers to the alternation of glycosuria and eczema, deafness and vertigo, eczema and asthma. It is known, also, that eczema may depend upon the presence of renal disease, and it

[1] "The Beneficial Effects of One Disease as Regards Another." By Harry Campbell, M.D., F.R.C.P. British Medical Journal, April 30, 1898.

Digitized by Google

is quite probable that the cutaneous disease is excited by the elimination of morbid material which has a toxic effect upon the blood and tissues when retained.

Dr. Campbell refers briefly to a number of cases in which an injury acted beneficially upon the health. Rheumatism, psoriasis, and disorders of the nervous system have been improved or cured consecutive to an injury or operation-wound. Many of our readers have doubtless witnessed such occurrences.

The improved conditions of nutrition which not infrequently follow a severe attack of fever are widely recognized. It is not at all uncommon for the general health to improve notably after an attack of typhoid fever. When fever occurs in a diabetic the sugar may temporarily disappear from the urine. Fever may cause the suppression of a purulent discharge or the absorption of callus. Chronic enlargement of the tonsils may subside temporarily or permanently under an acute fever like scarlatina or pneumonia. Dr. Campbell instances cases of improved health following cholera, rheumatism cured by typhoid fever, anæmia cured by scarlet fever, etc.

The favorable influence of fever upon mental affections has long been noticed. Among the febrile disorders which have acted in this way is erysipelas. Lannois has recorded a case of epilepsy which was improved by erysipelas, but made worse by typhoid fever. In this connection we may refer to a paper recently published by Dr. Robert Hessler of the Central Indiana Hospital for Insane.[1] Dr. Hessler observed the case of an epileptic who was attacked by erysipelas. Prior to the acute illness the man had been subject to numerous convulsions. The erysipelas caused the temperature to rise to 104° and there was delirium at the crisis. After recovery from the erysipelas the convulsions practically ceased. The very few that occurred thereafter were light: *petit mal.* Encouraged by this result, he treated experimentally several cases of chronic epilepsy with erysipelas antitoxin. Decided benefit followed the injections, and, in the opinion of Dr. Hessler, the results certainly justify a more extended application of this method of treatment for one of the most intractable of diseases. Dr. Campbell enumerates quite a long list of diseases which have been benefited by an intercurrent attack of erysipelas. Influenza, also, although it notoriously exerts, as a rule, such a depressant influence upon the nervous system, sometimes appears to have potent curative effects. Our author speaks of gonorrhœal cystitis and chronic catarrh of the upper respiratory tract cured by influenza.

Finally, among miscellaneous cases showing the same beneficial action of disease Dr. Campbell mentions chronic rheumatism disappearing after the supervention of cancer, paralysis agitans removed by hemiplegia, migraine banished by an acute auditory affection, etc.

Such cases as Dr. Campbell has brought together are both interesting and instructive. We cordially agree with the concluding hope of Dr. Campbell that his paper will do something to stimulate inquiry in the direction indicated.

[1] "Epilepsy and Erysipelas," Journal of the American Medical Association, May 14, 1898.

BULLOUS KERATITIS.

THE vesicular and bullous affections of the eyes have, of late years, been the subject of a number of excellent monographs. The latest of these which has fallen beneath our notice is upon "Bullous Keratitis," by Dr. Edmund Jensen, of Copenhagen, and is published in our esteemed contemporary, Archives d'Ophthalmologie for April, 1898. This disease has heretofore been very briefly mentioned in the text-books. It had been described as of rare occurrence, of secondary character, and due to glaucoma or some disease attended by more or less grave alteration of the nutrition of th

Digitized by Google

eye. Dr. Jensen does not deny the accuracy of that description for a large number of cases, but is persuaded that in other and perhaps a majority of cases it is due to other causes. He refers to the work of Prof. Hansen Grut, who has portrayed a form of relapsing bullous keratitis of traumatic origin, easily recognized by its typical course. As, nevertheless, the primary form of disease does not seem to have sufficiently arrested the attention of ophthalmologists, the author has prepared the present paper, based upon a number of cases observed in the clinic of Professor Grut.

The cases may be divided into two groups: those which attacked previously-healthy eyes and those which occurred in eyes which had already undergone some pathological alterations. The cause of the first group is external, while we must generally seek in the eye itself the origin of cases of the second class.

In traumatic bullous keratitis, a shorter or longer time after the cornea has been abraded by the scratch of a finger-nail, twig, or some such object a painful affection of the eye may supervene. A characteristic feature of the pain is that it is always felt in the morning upon first opening the eyes. The pain is generally severe, as the original injury has rendered the nervous terminations hyperæsthetic, while, perhaps, the regeneration of the epithelium is deficient. The attack lasts from several minutes to a quarter of an hour or more, and ceases as soon as the secretion of tears becomes more abundant. As a rule, these attacks are frequent and sometimes of daily occurrence, while the tendency to return may continue for years. The pain is not always relieved by lacrymation. At times, on the contrary, it is augmented. It is a sharp sensation, and akin to that produced by a foreign body. Light is painful, the tears flow, the tissues are injected, and in some cases there is œdema at the edge of the eyelid. If, at this time, the eye is examined, a large bulla is found upon the cornea. In some instances this bulla presents itself as a soft sac half-full of limpid contents, which may be displaced by movements of the lower lid. This, however, is not the general condition. Exploration by oblique light reveals upon the cornea nothing more than a small and somewhat dull point; but, if that point be pinched by the forceps, some smaller or larger coherent epithelial masses can always be detached, leaving uncovered a space with steep edges and occupying from a fifth to a half of the surface of the cornea. The walls of this pocket being raised, the epithelium is regenerated, and after the lapse of three or five days the eye seems to be in its normal condition. Subsequently, however, new bullæ form, and in some patients such relapses occur five or six times a year for several years. The disease is much more common in women, as they are more liable to be scratched by the nails of a child.

Bullous keratitis has nothing in common with herpes of the cornea. In the former disease there is never anæsthesia, but, on the contrary, hyperæsthesia. The sole cause is abrasion. Among 50,000 patients treated during the last eleven years 37 suffered from this form of bullous keratitis; that is, a proportion of 0.07 per cent. None of the cases occurred among children. Of the 37 patients, there was a distinct history of trauma in 32 and in the exceptional cases there had probably been an injury which had been forgotten. The course of the exceptional cases was certainly identical with that of the majority. In the production of the disease it seemed necessary that the injury should be superficial, but of considerable extent. It has never been known to occur in consequence of foreign bodies in the cornea or after operations upon that structure. The development of the first bulla is ordinarily within the first six or eight months which follow the accident, but may take place at the end of the first or during the second month. Dr. Jensen cites one rare case in which the bulla arose

Digitized by Google

before the immediate consequences of the injury had disappeared.

The formation of one is generally followed by that of other bullæ. The apparently-spontaneous relapses are, perhaps, due to the occurrence of trivial fresh injuries. There is nothing typical or regular in the production of these relapses. There is a great variation in length of the intervals between attacks. Cases are rare in which the bulla is tense enough to form a perceptible projection. The lesion is generally to be found in the lower half of the cornea. In the great majority of instances the contents of the sac are clear, but an external source may introduce infection and the fluid may become turbid or purulent. In the latter case the bulla soon bursts, the surface of the cornea is seen to be ulcerated, and its base more or less infiltrated. Hypopyon or iritis may occur under such circumstances.

In but one of his cases did Dr. Jensen observe hæmorrhage into the bulla.

The diagnosis of this affection should not be difficult except after the bulla has burst and its walls have collapsed or when it is complicated with infiltration of corneal tissue. The history of the case, the discovery of epithelial masses, and the recurrence of bullæ will generally point us to the truth. In herpes of the cornea the vesicles are small and numerous, but in this traumatic disease there is but one bulla, which is of large size. Pemphigus is confined to the conjunctiva.

In itself the formation of a bulla entails no danger to the eye, notwithstanding the frequent relapses and the long duration. On the other hand, there is no doubt that a cornea denuded of its epithelium is, in the highest degree, susceptible to infection. As a rule, nevertheless, infection does not occur, and no notable inconvenience ensues upon recovery. In Dr. Jensen's series of cases the development of post-traumatic bullæ in both eyes was not rare. There are some remarkable cases in which bullous keratitis occurs in one eye after an injury and is followed by an identical process in the other eye, although the latter has not been the seat of accident.

In the treatment prophylaxis plays an important part. Every superficial abrasion of the corneal epithelium should receive the strictest attention. When the bulla has formed the epithelium should be carefully detached wherever it is loosened, as this procedure is the promptest way of relieving the pain. This little operation should be done under the strictest antiseptic precautions. After removal of the epithelium an atropine solution is instilled and the eye kept bandaged for four or five days in order to protect the cornea against infection and allow it time to heal. Dr. Jensen advises against the use of cocaine, since one of the most conspicuous secondary influences of that drug is to diminish the vitality and cohesion of the epithelial cells. As regards the formation of successive bullæ, it is usually sufficient, says Dr. Jensen, to employ provisional treatment by means of a compress and bandage for a few days when the reaction is not very severe. In some cases it will be necessary to detach the epithelium, as in the first operation. Managed in this manner, the transparency and curve of the cornea are generally preserved. In case of infection antiseptic lotions must be employed and the cornea touched with a 2-per-cent. solution of silver nitrate or chlorinated water. Only exceptionally rebellious cases will require the use of the galvano-cautery.

Dr. Jensen concludes his instructive memoir by a short reference to consecutive bullous keratitis. This constitutes his second group. The diseases complicated by the presence of bullæ are various glaucomatous conditions and certain types of parenchymatous keratitis. Rodent ulcer and its consequences may also be added to this class. Bullous formation is comparatively frequent in glaucoma. The bullæ of glaucoma, like those of different origin, are

Digitized by Google

exposed to external sources of infection and all the more so, perhaps, by reason of the insensibility of the cornea.

In central parenchymatous keratitis the "œdematous" aspect of the cornea is due to imbibition of the aqueous humor, and the formation of a bulla may represent only a more advanced stage in the same process.

Medical News and Miscellany.

Deceased.—We regret to learn of the death of Mrs. Kate Waugh, wife of Professor Waugh, of Chicago, and late of Philadelphia. We extend our sincere sympathy to Dr. Waugh in his affliction.

Admiral Dewey's Characteristics.—The characters of Admiral Dewey and of his father, Dr. Dewey, are, in many respects, strongly alike, despite the different fields of usefulness in which each has been placed. Both have the same quiet sense of humor and the habit of looking at the bright side of life. Both are the rare type of man who does that duty which comes to hand with all his might. The doctor was a man to be trusted implicitly; so is the admiral, and that fact has even become a by-word at the Navy Department.

The admiral talks but little and never about himself. He also comes naturally by a love of music and has an excellent voice. At Annapolis he was a member of the midshipmen's choir. He also inherits from the doctor his love of children. The youngsters in his native town call him "Uncle Captain," and when he revisits the old place he is frequently surrounded by a juvenile audience, for he tells a child's story to perfection, which in itself is no mean gift. Of late years his health has not been rugged, but he is an ardent sportsman, indulging his taste when it is possible, but of all lubberly exercise he prefers riding. His manner with strangers is almost reserved, but cordial; with friends he is unmistakably earnest. Outside the study of tactics and of his profession, which he has made most thoroughly, he has read little. —From "Admiral Dewey: A Character-sketch," by Winston Churchill, in American Monthly Review of Reviews, June, 1898.

Dr. Hamilton to be a Colonel.—Dr. John B. Hamilton, Superintendent of the Illinois Northern Hospital for Insane, has been elected Colonel of the First Regiment Sons of Veterans' Volunteers, organized in Elgin and adjoining cities.—Medical Review.

One Red Rose Rental.—A single flower pays the rent of the site of a Pennsylvania church. "On the second Sunday of each June there is paid to the oldest lineal descendant of the founder of Manheim, Baron Henry William Stiegel, the annual rent for the plot of ground given by him more than a century and a quarter ago for the building of a church," writes Clifford Howard, in the June Ladies' Home Journal. "This rent, this yearly tribute, is one red rose; and it is the payment of this flower to the heir of the Baron that forms the occasion of the beautiful and novel celebration, the 'Feast of Roses,' at Manheim, Pennsylvania. The day preceding the formal ceremonies is observed as a general holiday, devoted to festivities and amusements, and to welcoming the heir. The town is early filled with people from the surrounding country, and by the time set for the coming of the distinguished guest the streets are thronged with an expectant multitude. As the train draws into the station the thundering boom of a cannon announces its arrival, and in a few moments the honored descendant of the Baron appears in an open carriage preceded by a band of music.

"Accompanied with appropriate religious exercises, with music and addresses, the simple yet beautiful and touching ceremony of paying the rent is performed in the church on the following day. Every space, every nook within the church is filled with

Digitized by Google

a luxuriant mass of red roses, and through the open windows peep the blossoms of the rose-vines that climb and cluster on the outside wall. In the name and in behalf of the congregation, the minister takes from its silver chalice the rose that has been specially selected for the purpose because of its transcendant beauty and fragrance, and presents it to the heir of Baron Stiegel in discharge of the obligation required by the deed. The recipient takes the rose, and in a few remarks acknowledges the payment of the debt."

A Congress of Hydrology, Climatology, and Geology.—The fifth International Congress of Hydrology, Climatology, and Geology will be held at Liège from September 25th to October 3d.

Dr. Edward Jackson.—Dr. Jackson, on account of his removal to Colorado, has resigned his positions at the Wills Eye Hospital and Polyclinic Hospital. By the latter institution he has been made Emeritus Professor of Diseases of the Eye.

Washington's Army at Valley Forge.—The story of Valley Forge is an epic of slow suffering silently borne, of patient heroism, and of a very bright and triumphant outcome, when the gray days, the long nights, and the biting frost fled together. The middle of December in the North American woods; no shelter, no provisions, no preparations; such were the conditions of Valley Forge when the American army first came there. Two weeks of hard work, and huts were built and arranged in streets. The work was done on a diet of flour mixed with water and baked in cakes, with scarcely any meat or bread. At night the men huddled around the fires to keep from freezing. Few blankets, few coverings, many soldiers without shoes, "wading naked in December's snows"—such were the attributes of Valley Forge. By the new year the huts were done, the streets laid out, and the army housed, with some three thousand men unfit for duty, frost-bitten, sick, and hungry. They had shelter, but that was about all. The country had been swept so bare by the passage of contending armies that even straw to lie upon was hard to get, and the cold, uncovered ground often had to serve for a sleeping-place. "Provisions were scarce, and hunger was added to the pain of cold. Sometimes the soldiers went for days without meat—sometimes without any food," Lafayette tells us, marveling at the endurance and courage of the men. "There is often famine in the camp," writes Hamilton, a man not given to exaggeration.—From "The Story of the Revolution," by Senator H. C. Lodge, in the June Scribner's.

Honorary Degree.—At the seventy-third annual commencement of Jefferson Medical College the honorary degree of LL.D. was conferred upon Dr. Charles B. Nancrede, an alumnus of Jefferson Medical College, and at present Professor of Surgery in the University of Michigan, at Ann Arbor.

Wills Eye Hospital, Philadelphia.—Dr. P. N. K. Schwenk has been elected attending surgeon to Wills Eye Hospital, to fill the vacancy caused by the resignation of Dr. Edward Jackson.

Nathan Lewis Hatfield Prize.—The College of Physicians of Philadelphia announces through its committee that the sum of $500.00 will be awarded to the author of the best essay in competition for The First Nathan Lewis Hatfield Prize for Original Research in Medicine.

Subject: "A Pathological and Clinical Study of the Thymus Gland and its Relations."

Essays must be submitted on or before January 1, 1900.

Each essay must be typewritten, designated by a motto or device, and acompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No en-

Digitized by Google

velope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year.

The committee reserve the right not to make an award if no essay submitted is considered worthy of the prize.

The treatment of the subject must, in accordance with the conditions of the trust, embody original observations or researches or original deductions.

The competition shall be open to members of the medical profession and men of science in the United States.

The original of the successful essay shall become the property of the College of Physicians.

The trustees shall have full control of the publication of the memorial essay. It shall be published in the transactions of the college, and also, when expedient, as a separate issue.

The Tarnier Bequest.—The municipal council of Dijon has just received a copy of the will of Dr. Tarnier. He bequeaths sundry articles to the Dijon museum, and 100,000 francs (£4000) to the city, to be employed in some charitable work at the discretion of the city; he, however, expresses the wish, without imposing it as an obligation, that the money should be applied for the benefit of pregnant or lying-in women or newly-born children. The council has decided to give the name of Tarnier Bequest (*Legs Tarnier*) to this fund, and one of the streets of the city will be called after the late eminent professor.

Philadelphia Alumni of the University of Pennsylvania.—The following are the officers elected at the recent meeting of the Philadelphia Branch of the Alumni Association of the Medical Department of the University of Pennsylvania: President, William M. Welch, M.D.; honorary vice-president, Provost C. C. Harrison; vice-presidents, Drs. R. C. Norris, S. W. Latta, L. S. Clark, C. P. Mercer; treasurer, Dr. H. B. Carpenter; recording secretary, Dr. S. W. Wadsworth; corresponding secretary, Dr. B. F. Stahl; executive committee, Drs. L. H. Adler, T. M. Tyson, S. W. Morton, Joseph Gibb, and J. F. Schamberg.

Medical Society of London.—Mr. Edmund Owen, senior surgeon to St. Mary's Hospital and the Great Ormond Street Children's Hospital, is the new President of the Medical Society of London.

New Professorship.—Dr. Henry Baird Favill has been appointed professor in Rush Medical College to fill a newly-instituted chair of experimental therapeutics and preventive medicine, which has been endowed by Dr. E. Fletcher Ingals of the same faculty.

Appointed Surgeon.—Dr. T. O. Summers, of St. Louis, and editor of the St. Louis Clinique, has been appointed surgeon of the Second Regiment of the National Guard of Tennessee.

Election.—Dr. Arthur R. Edwards has been made Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Northwestern University Medical School (Chicago Medical College).

Dr. O. N. Huff, of Chicago, has resigned his position as attending physician to Cook County Hospital, and Dr. Frank Billings was elected in his place.

Biological Chemistry.—A chair of biological chemistry has been created at the University of Bordeaux, France, and Dr. Denigès has been elected to fill it.

Radiography for Foreign Body in the Nose.—A patient complaining of purulent rhinitis was examined and a cannula found in the left canal, which had been inserted and forgotten forty-two years before. The rhinitis continued and a radiograph showed that the upper end of the cannula was still in the nose. It was extracted through the inferior meatus, when all disturbance

Digitized by Google

ceased at once.—French Congress of Otology and Laryngology; Jour. American Med. Assoc.

Infantile Medicine and Surgery. — A Society of Infantile Medicine and Surgery has been founded in Paris, France.

Mount Sinai Hospital.—The appointment of Dr. Carl Koller as adjunct ophthalmic surgeon to the Mount Sinai Hospital has been anounced.

New York School of Clinical Medicine. —Dr. John J. Morrissy has been elected Professor of Practice and Pathology at the New York School of Clinical Medicine.

Bequests to Brooklyn Institutions. — Under the will of the late Mrs. Charlotte Buck, of Brooklyn, the City Hospital and the Long Island College Hospital will each receive $5000. Also, under codicil the Brooklyn Eye and Ear Hospital has the reversion of an equal amount, while other donations will eventually reach about twenty more charitable homes and societies, the aggregate of which is about $340,000.

Southern Railway Company Surgeons.— The third annual meeting of the Association of Surgeons of the Southern Railway Company convened at the Hygeia Hotel, Old Point Comfort, Virginia, Tuesday and Wednesday, June 21 and 22, 1898.

Boylston Prize.—The Boylston Prize of $150 for 1898, for the best dissertation on the result of original work in anatomy, physiology, or pathology, has been awarded to Dr. Guy Hinsdale, of Philadelphia, for an essay on acromegaly.

Medico-Chirurgical College. — Dr. Ellwood R. Kirby has been elected Professor of Genito-Urinary Diseases in the Medico-Chirurgical College.

Against Contract-work.—The American Medico-Surgical Bulletin says: "The and Sixteenth Harveian Festival was held in the Hall of the Royal College of Physicians of Edinburgh on Friday, June 3d, when Dr. Alexander Ballantyne, of Dalkeith, delivered the Oration on "Harvey and Embryology."
the society will be permitted to consult with any lodge-doctor."

Appointments at Baltimore.—Dr. William Royal Stokes has been reappointed city bacteriologist; Dr. G. W. Lehmann, city chemist; Dr. N. G. Keirle, city medical examiner; and Dr. Albertus Cotton, assistant medical examiner, at Baltimore Maryland.

Camden District Medical Society.—At the fifty-second annual meeting of the society a bronze tablet was unveiled by Dr. E. L. B. Godfrey, in commemoration of the heroic work of the late Drs. Henry E. Branin and John W. McCullough during the typhus-fever epidemic at the almshouse in 1887. The following officers were elected: President, Daniel Strock; vice-president, W. S. Jones; secretary, Paul M. Mecray; treasurer, Joseph L. Nicholson; historian, Harry Sherk; reporter, John G. Doran.

Guy's Hospital.—Guy's Hospital benefits to the extent of twenty thousand pounds, the gift of Henry Lewis Raphael, who has given that sum to the institution for the building and endowment of a Nurses' Home, to be known as the Henrietta Raphael Nurses' Home, in memory of his wife.

Minneapolis Medical Club.—At the annual meeting the officers elected were: President, Dr. Henry Cotton; vice-president, Dr. Frank Wright; treasurer, Dr. Frank Todd; secretary, Dr. C. D. Harrington.

Hereditary Tabes Dorsalis. — Kalischer relates an instance of typical and uncomplicated tabes in a woman, aged 51, and her son, aged 27. There was absolutely no evidence of syphilis. Whereas the tabes occurred in the woman at about the usual age, it was precocious in the son. Precocious tabes occurring between 20 and

Digitized by Google

30 years of age has been attributed to hereditary influences, and in the author's cases heredity appeared to be the only cause. Charcot pointed out that these cases of tabes are characterized by the great multiplicity of the symptoms, and this was so in this case. Much importance has been attached to syphilis in the early production of such nervous disease as tabes and general paralysis, but it is open to doubt whether the syphilis or the neuropathic tendency plays the greater part. Kalischer then refers to recorded cases of tabes in parent and offspring. In Erb's first instance syphilis in the father was probably the cause of the disease; but in the second there was no acquired syphilis, although Erb attributes the tabes to congenital syphilis without very obvious reason. In Leyden's two pairs of sisters there was also syphilis, and this authority does not attach much importance to heredity. In Goldflamm's instance in father and son there was previous syphilis. The author then refers to infantile or juvenile tabes; he appears to think that some of the recorded cases are examples of cerebro-spinal syphilis rather than tabes. In juvenile tabes hereditary tendency is rare, whereas in juvenile general paralysis it is more frequent. Thus, in 41 cases of the latter disease 7 of the parents had suffered from general paralysis. Only occasionally do traumatism and more often hereditary influences occur in juvenile general paralysis. Sometimes general paralysis is found in a child with a tabetic parent or tabes in the offspring of a parent subsequently developing general paralysis.—British Medical Journal.

Attending Physicians.—Drs. Henry W. Berg and David H. Davison have been appointed adjunct attending physicians to Mt. Sinai Hospital, New York.

Harveian Festival.—The One Hundred and Sixteenth Harveian Festival was held in the Hall of the Royal College of Physicians of Edinburgh on Friday, June 3d, when Dr. Alexander Ballantyne, of Dalkeith, delivered the Oration on "Harvey and Embryology."

American Academy of Medicine.—The recently elected officers are: President, Dr. Edward Jackson, Denver; first vice-president, Dr. W. L. Estes, South Bethlehem, Pa.; second vice-president, Dr. J. T. Searcey, Tuscaloosa, Ala.; third vice-president, Dr. William Elmer, Trenton, N. J.; fourth vice-president, Dr. Robert H. Babcock, Chicago; secretary and treasurer, Dr. Charles McIntyre, Easton, Pa.; assistant secretary, Dr. W. L. Pyle, Philadelphia.

Study of Epilepsy.—The National Society for the Study of Epilepsy and the Care and Treatment of Epileptics was recently organized in New York City. The following are the officers elected: President, Mr. William T. Letchworth; vice-president, Dr. Frederick Peterson; second vice-president, Dr. William Osler; secretary, Dr. William P. Spratling; treasurer, Dr. H. C. Rutter.

American Medical Association.—The following officers were elected for the ensuing year: President, J. M. Mathews, Louisville, Ky.; secretary, W. B. Atkinson, Philadelphia; treasurer, Dr. H. P. Newman, Chicago; first vice-president, Dr. W. W. Keen, Philadelphia; second vice-president, Dr. J. W. Graham, Denver; third vice-president, H. A. West, Galveston, Texas.

The next meeting of the association will be held May 7 to 10, at Columbus, O., 1899.

Columbus Medical Journal.—We regret to learn that a fire has recently occurred in the printing-office of the above journal. A quantity of set-up matter, presses, and copy were destroyed.

Resident Physician.—Dr. J. A. Davis, of Austin, has been appointed resident physician in charge of the Oklahoma Insane Asylum, located at Norman, Oklahoma. Dr. Davis was for many years one of the physicians in charge of the Texas State Lunatic Asylum at Austin.

Digitized by Google

The Alert Prescriber.—A man in the car was telling how good his doctor was. "Clever?" asked he; "well, I should say he was. The other day called him in when I had swallowed five cents. He said if the coin was not counterfeit it would pass, and made me cough up two dollars."—Medical Record.

Association of American Physicians.—At the thirteenth annual meeting of the Association of American Physicians the following officers were elected for the ensuing year: President, Dr. G. Baumgarten; vice-president, Dr. E. G. Janeway; recorder, Dr. I. Minis Hays; secretary, Dr. W. W. Johnston; councilor, Dr. J. C. Wilson; representative on executive committee of Congress of American Physicians and Surgeons, Dr. William Osler; alternative representative, Dr. C. F. Folsom.

City Pathologist.—Dr. Felix Paquin has been appointed City Pathologist of Memphis, Tenn.

Buffalo Pathological Laboratory.—The Governor of New York has signed a supply-bill containing an appropriation of $10,000 for the establishment at Buffalo of a State Pathological Laboratory for investigation into the causes and cure of cancer.

Removal of Dr. Louis Bauer.—Dr. Louis Bauer, for many years a resident of St. Louis, has removed to New York. Dr. Bauer is 85 years of age.

St. Mary's Hospital, Cincinnati. — Dr. David de Beck, at the last meeting of the medical staff, was elected to the position of ophthalmologist to St. Mary's Hospital.

Examiners Appointed.—Dr. R. R. Bensley has been appointed Examiner in Physiology, Embryology, and Histology by Toronto University, in place of Dr. Wright, resigned. Dr. J. B. Willmott was appointed Examiner in Medical Jurisprudence.

American Gastro-enterological Association.—At the recent meeting the following officers were elected: President, Dr. D. D. Stewart, of Philadelphia; vice-presidents, Dr. Max Einhorn, of New York, and Dr. John C. Hemmeter, of Baltimore; secretary and treasurer, Dr. Charles D. Aaron, of Detroit.

The Association of an Ovarian Cyst with Marked Bronzing of the Skin. — Skene Keith reported a case to the British Gynæcological Society. The patient had been seen years before by Skene Keith's father, who found a small, slowly-growing ovarian cyst. The reporter saw her about a year ago; she looked ill, suffered from sickness, and had marked bronzing of the skin, suggesting Addison's disease. The bronzing had been noticed for several months. He decided, in view of her bad health, to simply tap the cyst, and about thirty pounds of fluid was removed. All the symptoms subsided and the bronzing became less marked. The cyst refilled and he removed it. In the discussion the president remarked that he had seen several cases in which bronzing was associated with pelvic disease; the bronzing in these cases seemed to be entirely different from the pigmentation usually observed in pregnancy. He thought it was probably due to some sympathetic nerve disturbance. —Albany Medical Annals.

Congress of the Sanitary Institute.—Sir Joseph Fayrer, Bart., K.C.S.I., M.D., LL.D., F.R.S., has accepted the Presidency of the Seventeenth Congress of the Sanitary Institute, to be held in Birmingham, commencing September 27th.

American Surgical Association. — The American Surgical Association, at its late annual gathering in New Orleans, elected Dr. W. W. Keen, of Philadelphia, president, and selected Chicago as the next place of meeting.

The New York Post-graduate Medical School and Hospital.—Dr. Edward S. Peck has been appointed Professor of Diseases of the Eye.

Digitized by Google

Book Reviews.

Outlines of Practical Hygiene. By C. Gilman Currier, M.D., Associate of the American Society of Civil Engineers; Fellow of the New York Academy of Medicine, etc., etc. Third Edition. Revised and Enlarged. New York: E. B. Treat & Co., 1898.

The total exhaustion of two previous editions has compelled the issue of a third edition of this book. The work has proved itself of value as an introduction to the very important subject of which it treats. The application of hygienic regulations on a large scale is one of the most conspicuous features of public life among all modern progressive nations. This is an exceedingly-wide subject, and involves an acquaintance with matters which lie outside of ordinary medical practice. Nevertheless, the fundamental principles, at least, of these extraprofessional branches ought to be mastered by every practitioner. It is to the family physician that many look, in the first place, for instruction and suggestion on these topics.

Dr. Currier's book has been carefully brought up to date, and is essentially practical in its style. It is well adapted to serve as a guide and introduction to a further prosecution of such studies. The author has successfully given the elements of a large series of scientific researches.

Atlas of Legal Medicine. By Dr. E. von Hofmann, Professor of Legal Medicine and Director of the Medico-legal Institute at Vienna. Authorized Translation from the German. Edited by Frederick Peterson, M.D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York, etc. Assisted by Aloysius O. J. Kelly, M.D., Instructor in Physical Diagnosis in the University of Pennsylvania, etc. Fifty-six Plates in Colors and 193 Illustrations in Black. Philadelphia: W. B. Saunders, 1898. Price, $3.50, net.

This is an extremely-valuable and at the same time eminently-practical volume. It possesses an additional merit, not always an attribute of German books, of conciseness. The work is of ordinary octavo size, and consists of pithy commentaries upon the plates which are its basis. These plates are all original, and when we consider the wealth of material which was at the disposal of the author we can realize the importance of this statement. An attentive study of these plates will prove full of instruction and will amplify, correct, or corroborate the experience of each individual reader. Most of us have all-too-slight opportunity for investigation in this domain, and yet we are always liable to be called upon for the expression of an opinion of a case which comes within the purview of the law. The conscientious physician is often placed in a position of terrible responsibility. It is an immense advantage for him to be able to readily supplement his own experience by that of a master of the art.

Atlas and Abstract of the Diseases of the Larynx. By Dr. L. Grünwald, of Munich. Authorized Translation from the German. Edited by Charles P. Grayson, M.D., Lecturer on Laryngology and Rhinology in the University of Pennsylvania, etc. With 107 Colored Figures on 44 Plates. Philadelphia: W. B. Saunders, 1898. Price, $2.50, net.

This is a very useful book for students and physicians who have few opportunities of seeing diseases of the larynx, but who are desirous of being able to recognize those with which they may be brought in contact. Its object is to help the beginner in the art of observation and interpretation.

The essential feature of the work, as indicated by the title, is a series of excellent plates depicting the objective appearances in diseases of the larynx. The plates are

Digitized by Google

accompanied by compendious descriptions of the lesions, together with short outline histories of actual cases of the affections illustrated. The student is thus able to acquaint himself with the naked-eye aspect of these maladies.

The utility of the work is enhanced by a brief abstract of laryngeal disorders, which precedes the series of plates. This portion of the volume contains also a suggestive section upon the methods of examination.

This is a work which can be unreservedly recommended. It can be studied in connection with cases which present themselves in practice.

Yellow Fever. Clinical Notes by Just Touatre, M.D. (Paris), Former Physician-in-Chief of the French Society Hospital, New Orleans, etc. Translated from the French by Charles Chassaignac, M.D., President of the New Orleans Polyclinic, Editor of the New Orleans Medical and Surgical Journal, etc. New Orleans: New Orleans Medical and Surgical Journal, Ltd., 1898.

This is a timely and a practical monograph. It is written entirely from the clinical point of view by one who has studied the disease at the bedside for thirty-three years and passed through nine epidemics. Dr. Touatre describes in lucid style the course of yellow fever, pays great attention to the points of diagnosis, and enters minutely into the question of treatment. It is encouraging to learn that a physician of such vast experience is by no means a pessimist as regards the efficacy of therapy in this disease. One of the noteworthy features of the book is the emphasis with which the author asserts the positive value of the law concerning the discrepancy between temperature and pulse enunciated twenty-five years ago by Dr. Faget, of New Orleans, but which does not seem to have been sufficiently recognized. In treatment Dr. Touatre gives baths when the temperature exceeds 105° and promotes renal activity by the free use of Vichy water, which has also a favorable influence upon the stomach. He lays stress on absolute rest for the patient and aëration of the room; is inclined to believe that Sanarelli's bacillus is the cause, and that its antitoxin will prove the sovereign remedy.

CURRENT MEDICAL LITERATURE.

Public Health Reports. Treasury Department, United States Marine-Hospital Service. Published in accordance with act of Congress approved February 15, 1893. Washington, 1898. Volume xiii, Nos. 15 to 19.

Teachers' Sanitary Bulletin. Published Monthly by the State Board of Health, Lansing, Michigan. Volume i, No. 1, April, 1898.

Quarterly Bulletin of the Michigan State Board of Health. Lansing, Michigan, April 15, 1898. Volume i, No. 2.

Faculté de Médecine de Bordeaux. Travaux de la Clinique des Maladies du Larynx, des Oreilles, et du Nez. Du Dr. E. J. Moure, Chargé du cours de Laryngologie, d'Otologie, et de Rhinologie. Sur le Traitement des Sinusites (Maxillaire Excepté). Par le Dr. E. J. Moure, Chargé du cours d'Otologie à la Faculté de médecine de Bordeaux. 1898.

The Monthly Bulletin. Designed to Inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. Prepared and Published at the Office of the State Board of Health by the Secretary. Volume x, Nos. 2 and 3.

A Clinical Study of Kryofine. By Sidney V. Haas, M.D., Late House Physician, and J. Bennett Morrison, M.D., Late House Surgeon, Mount Sinai Hospital, New York.

Digitized by Google

COMMERCIAL NEWS.

A Food for Anæmics.

One of the chief difficulties in the dietetic treatment of anæmic and chlorotic persons is the aversion that many of them manifest for albuminous foods, and especially milk and beef. Hence it is desirable, in many instances, to supplement the ordinary dietary with a concentrated albuminous food-product. Bearing in mind the capriciousness of these patients, it is well to select a preparation which is tasteless and can be given in a variety of ways, so that the patient will not tire of it. Such a food is somatose, which consists of the nourishing elements of beef in a readily-assimilable form, and which, by reason of its solubility, freedom from unpleasant taste and odor, its mode of administration can be so varied as to suit the most fastidious patient. Careful experiments have shown that somatose in anæmic cases not only causes an increase of flesh and strength, but an actual increase of the number of red blood-globules, a fact to which attention has again been lately called by Dr. Maasen (Wiener med. Woch.), who found that in all of his cases the quantity of hæmoglobin was markedly and promptly increased by this preparation. In the more severe cases of anæmia better results will be obtained from the use of ferrosomatose, which is somatose containing iron in firm organic combination. This preparation has been justly termed a ferruginous food, as it contains all the elements which serve to make blood and muscle, and, owing to its palatability, will be relished by patients who are unable to take other iron compounds.

A New Vegetable Alterative Compound.

Resinol can be used "in conjunction with any internal treatment." "Any internal treatment" is a phrase of large latitude. It means, of course, a very excellent potency for the favorite unguent. But it is evident in order to obtain the most apt efficacy the most potent internal medicine is indicated. Modern practitioners are not content to await the tardiness of old-fashioned "physic," and the Resinol Chemical Company, of Baltimore, Md., well-known as the proprietors of resinol, have contributed wisely to the materia medica in providing cascanata. It is an ideal preparation for the purpose. It is a scientific combination of the active principles of cascara sagrada, gentian, rhubarb, trifolium, and rumex with phosphate of soda and magnesia. The term "alterative" has been abused, but this is a vegetable alterative. It is manifest that cutaneous disorders are frequently indicative of disorder of the alimentary tract in some measure or other. The elixir cascanata corrects this disorder, promotes healthy secretions, and restores the normal alkalinity of the blood. Disorders resulting from congestions of the pelvic viscera are also promptly remedied by this preparation. The attention of the medical profession is sure to be attracted to this interesting and valuable alterative compound.

Maltine with Codliver-oil.

Dr. Henry T. Byford reports in the Chicago Medical Recorder for April the successful removal of an enormous dermoid tumor which weighed over seventy pounds. After the first week following the operation he placed the patient on maltine with codliver-oil with most gratifying results.

The unique value of Gray's glycerin tonic compound is becoming widely appreciated, especially for use during the summer months. It corrects the prevailing stomachic derangements, controls fermentation and acidity, aids digestion, and stimulates hepatic and intestinal functions. In

(Continued on advertising page 18.)

Digitized by Google

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 TO 20 GRAINS.

PILLS FOR DYSPEPSIA, MALASSIMILATION OF FOOD, ETC.

PIL. ANTISEPTIC.
(WARNER & CO.)

EACH PILL CONTAINS:

Sulphite Soda . . . . . 1 gr.
Salicylic Acid . . . . . 1 gr.
Ext. Nuc. Vom. . . . . ¼ gr.

Dose—1 to 3 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach, and enfeebled digestion following excessive indulgence in eating or drinking. It is also used with advantage in rheumatism.

PER 100, 55 CENTS

PIL. ANTISEPTIC COMP.
(WARNER & CO.)

FORMULA:

Sulphite Soda . . . . . 1 gr.
Ext. Nuc. Vomica . . . . . ½ gr.
Salicylic Acid . . . . . 1 gr.
Powd. Capsicum . . . . . 1-10 gr.
Concent'd Pepsin . . . . . 1 gr.

Try this pill. Used in all cases where there is no well-defined malady, yet patient is not well.

PER 100, 55 CENTS.

PIL. DIGESTIVA.
(WARNER & CO.)

℞—Pepsin Conc't . . . 1 gr. Gingerine . . . . . 1-10 gr.
Pv. Nuc. Vom. . . ¼ gr. Sulphur . . . . . ½ gr.

In each pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by overindulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring, or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action and the natural rest is more fully experienced through their mild but effective influence.

As a dinner pill Pil. Digestiva is unequaled and may be taken in doses of a single pill, either before or after eating.

PER 100, 60 CENTS.

W. R. WARNER & COMPANY,

PHILADELPHIA. NEW YORK. CHICAGO.

TANNOPINE.

A Specific in Diarrhœal Affections.

Tannopine (hexamethylen-tetramine tannin) is always prompt and reliable in action, because it passes unchanged through the stomach, and is gradually decomposed in the intestines, thus exerting its astringent effect at the **site of disease**, whether in the upper or lower intestinal canal. Especial indications: Gastro-enteritis, cholera infantum, typhoid and intestinal tuberculosis.

SCIENTIFIC FOODS, TONICS, AND RESTORATIVES.

SOMATOSE, a scientific food in all conditions of lowered vitality, producing a rapid gain in flesh and strength without taxing the digestive organs.

FERRO-SOMATOSE, a ferruginous nutrient in all anæmic states, palatable, readily assimilated, does not affect the teeth nor produce constipation.

LACTO-SOMATOSE, preeminently a food for gastro-intestinal diseases; agreeable, nutritious, and exerting a mild astringent action in diarrhœal affections.

PROTARGOL.

An Important Advance in Gonorrhœal Therapeutics.

Protargol is regarded by Professor Neisser as "the best, safest, and most rapid remedy hitherto introduced in the treatment of gonorrhœa." It is also highly recommended in affections of the eye, infected wounds, and as a substitute for nitrate of silver in general.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO.,

40 Stone Street, New York.

Selling Agents for Bayer's Pharmaceutical Products.—Aristol, Europhen, Ferro-Somatose, Hemicranin, Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

respiratory disorders, nerve exhaustion, anæmia, chronic ailments, and debilitated conditions it can be relied upon, and no overstimulation or depressing reaction follows its use. Try it and be convinced. The Purdue Frederick Co., sole proprietors, 15 Murray St., New York City.

SANMETTO IN GENITO-URINARY DISEASES.

"I have used sanmetto in my practice for the last five years, and find it has no equal in diseases of the prostatic portion of the urethra, in presenility, in that peculiar condition existing in anæmic and chlorotic girls just entering womanhood, and all abnormal conditions of the reproductive organs, in either sex, depending on a debilitated condition of the general system. Sanmetto has never failed me in senile prostatitis, or enlargement of the prostate gland in aged men."—J. L. Smith, M.D., Durand, Mich.

USES TO WHICH EGGS MAY BE PUT.

A mustard plaster made with the white of an egg will not leave a blister. A raw egg, taken immediately, will take down a fish-bone that cannot be extracted. The white skin that lines the shell is a useful application to boils. White of egg, beaten up with loaf-sugar and lemon, relieves hoarseness, a teaspoonful taken once every hour. An egg in the morning cup of coffee is a good tonic. A raw egg, with the yelk unbroken, is beneficial for convalescents. When combined with cereals, as in Eskay's albumenized food we have the best food for infants and invalids known.

SYPHILIS.

"When a patient presents himself for treatment, he should be placed upon the following recipe (which fully meets all indications) until the symptoms disappear, his appetite is improved, and a general feeling of vigor and activity exists:—

℞ Hydrarg. bichlor., gr. ij.
Iodia, ʒvj.

M. Sig.: One teaspoonful after each meal.

Iodia is prepared by Battle & Co., of St. Louis, and contains extracts from the green roots of stillingia, helonia, saxifraga, and menispermum. Each fluidrachm also contains 5 grains of iodide of potassium and 3 grains of phosphate of iron. The tendency of the profession is too much toward discarding everything but mercury. I have often seen mercury alone, or combined with iodide of potassium, fail to heal secondary ulcerations, which speedily disappear when combined with vegetable alteratives. It is, therefore, best to have the good effects of the only three reliable remedies at once, viz.: mercury, iodide, and vegetable alteratives (which is obtained in the above prescription)."—Lectures on Venereal Diseases, by W. F. Glenn, M.D., Clinical Professor of Genito-Urinary and Venereal Diseases in the Medical Department of Vanderbilt University. Southern Practitioner, May, 1898.

TREATMENT OF NEURASTHENIA.

Dr. Jerome K. Bauduy—a no mean authority on the treatment of nervous diseases—prepared a paper entitled "Observations on the Treatment of Some Cases of Neurasthenia," which was read before the St. Louis Medical Society, at a meeting of that body held on February 5, 1898. The views of an eminent physician regarding a preparation classed among proprietary medicines are necessarily interesting. Dr. Bauduy says, in the paper above cited, "When, a few years ago, my attention was called to Gude's preparation of liquor mangano-ferri peptonatus, Gude (peptomangan), so extensively used and highly extolled in Germany, with my usual antipathy for new remedies I reluctantly gave it a trial, anticipating that I would necessarily have to combat the usual disappointing effects of most of the other preparations

(Continued on advertising page 20)

Digitized by Google

Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

DOCTOR, DO YOU CURE YOUR

GOITRE PATIENTS?

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

F. E. MAY, M.D.,
Bloomington, Ill.
Lock Box 4.

Tannalbin in . . . DIARRHŒA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin.

Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin ALTERATIVE ANTIRHEUMATIC ANTICATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent of Ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

of iron. The results, however, were indeed a surprise to myself, for the concomitant deranging sequels were so slight that but in very few instances in my extensive utilization and experience with this special pharmaceutical preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy, I am now convinced, will prove a great boon, both to the patient and the physician. While it is maintained by some that in the hæmoglobin of the red blood-corpuscles manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We know, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation.

"Dr. Fisch's appended microscopical report shows that the increase in the percentage of hæmoglobin, in many of this series of cases, is far in excess of the proportionate increase of the red blood-corpuscles. This fact I deem of greater importance as to the effectiveness of the medicine, because the count of the blood-corpuscles is, to a certain extent, relative, and the size varies greatly in different cases, and for other reasons the same amount of blood-plasma contains different numbers of red cells; hence I would particularly lay stress upon the proportionate increase of the hæmoglobin as the more important factor."

During the discussion of his paper by the society Dr. Bauduy remarked: "One salient feature of this paper, which has not been brought out as prominently as it might have been on which I wish to lay particular emphasis, is that whether it be a proprietary remedy or not, matters not, provided it cures our patients. It is our business to cure our patients, it matters not by what means. But the point is this, that it is my opinion, based upon observations in these cases, that we have not paid sufficient attention to the organic salts of iron; in other words, that the other preparations of iron do not produce the results that these organic preparations achieve. For years the combination of iron and manganese I have used in daily practice. I have used a great many of these preparations, and the great point has been to obtain one which is assimilable, that is elegant, and that will not produce anorexia and other gastric disturbances. Now with the organic salts of iron we have had startling results, and I intend to use them as long as they benefit my patients. I do not wish to be understood by the neurologists and others present as saying that this is a proper remedy for all cases of neurasthenia, but I do maintain that it is a remedy well suited to those neurasthenic and anæmic cases described, especially in women suffering with menstrual irregularities, especially those accompanied by hæmorrhage. I simply want the gentlemen to judge by the results. Facts speak louder than words.' 'Facta non verba.'"

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

INEBRIATION.—After the removal of alcohol in the treatment of the inebriate, a stage of profound exhaustion and neurasthenia comes on. The materia medica is constantly searched for a remedy that will enable the patient to regain in some measure his lost control of mind and body. The experience of the medical profession proves that Celerina meets this want more positively than any other remedy.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

It is a New Edition.
Thoroughly Revised.
Considerably Enlarged.
With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
Clear Type.
Excellent Paper.
Careful Presswork.
Substantial Bindings.
The Cost to the Physician and Student is Most Moderate and Reasonable.
It is a Scientific Work.
A Scholarly—that is, An Accurately-Written—Work.
A Text-Book in Numerous Colleges.
Warmly Commended by Teachers of Surgery Everywhere.
The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
Fully Abreast of the Times.
An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: { 117 W. Forty-Second St., New York City, U. S. A. / 9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

JUST PUBLISHED.

EYE-STRAIN IN HEALTH AND DISEASE,

WITH SPECIAL REFERENCE TO THE

AMELIORATION OR CURE OF CHRONIC NERVOUS DERANGEMENTS WITHOUT THE AID OF DRUGS.

A Manual for the General Practitioner in Medicine to Aid in Detecting the Presence and Appreciating the Importance of Eye-strain in Health and Disease.

By AMBROSE L. RANNEY, A.M., M.D.,

Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," "A Treatise on Surgical Diagnosis," "Practical Medical Anatomy," etc. Late Professor of Anatomy of the Nervous System in the New York Post-Graduate Medical School and Hospital; Late Professor of Nervous Diseases in the Medical Department of the University of Vermont, etc., etc.

THIS treatise is one of so much importance to the general practitioner that its great practical value can hardly be overestimated. For many years Dr. Ranney has devoted the most painstaking and unprejudiced study and investigation to an almost endless variety of cases. The results are crystallized and given unreservedly to the medical profession in this handy volume.

The various chapters of the work are replete with illustrative cases. They discuss the results of Eye-treatment of Headache, Neuralgias, Sleeplessness, St. Vitus's Dance, Chronic Digestive Diseases, Epilepsy, Nervous Prostration, and Insanity.

The steps and instruments employed in testing by the latest methods the eyes and eye-muscles are described with sufficient detail to meet the requirements of the general practitioner in medicine, as well as the oculist, in making a diagnosis.

The indications and contra-indications for operative procedures upon the eye-muscles, and the method of performing graduated tenotomies and advancement operations are furthermore discussed in a separate chapter.

Fully Illustrated. In One Royal Octavo Volume. 325 Pages. Handsomely Bound in Extra Cloth, $2.00 net.

THE F. A. DAVIS CO., PUBLISHERS,
1914 AND 1916 CHERRY STREET, PHILADELPHIA, PA.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, AUGUST, 1898. No. 8.

Original Communications.

WHAT DOES A PHYSICIAN MEAN WHEN HE WRITES FOR "EMPLASTRUM BELLADONNÆ (U. S. P.)"?

BY FRANK WOODBURY, M.D.,

Formerly Professor of Materia Medica and Therapeutics and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; Associate in Laryngology in the Philadelphia Polyclinic; Physician to the Medico-Chirurgical Hospital, etc.

THE question has been submitted to the writer whether or not, in filling a prescription which calls for belladonna plaster, a pharmacist may dispense one which contains a proportionate and proper quantity of atropine, but which has not been made of extract of belladonna? It would seem that there could be only one reply to this query; the answer must be that, from a therapeutist's point of view, he would not be justified in so doing, and if he were to do so it would be a case of substitution pure and simple. It might be a justification of this course if he had obtained positive instructions or explicit permission from the writer of the prescription to dispense the atropine plaster in place of the belladonna plaster. In the latter case, however, it would seem to be the duty of the physician to prescribe the atropine preparation under its own name so as to avoid confusion, inasmuch as the United States Pharmacopœia directs specifically that the emplastrum belladonnæ shall be made with "the alcoholic extract of belladonna-leaves." There could be no objection to having the extract of belladonna standardized so that its alkaloid strength would be made uniform (as suggested by Dunstan and Ransom), in view of the rather variable strength of the leaves; but it is believed that this difference in physiologic activity need not be very great when care is taken to obtain a good quality of leaves collected during the flowering time of the plant in its second year and rejecting specimens of inferior quality which contain much stem, or which have undergone fermentation from improper curing and packing, as suggested by Prof. V. Coblentz. Furthermore, if a physician writes for belladonna plaster, which the Pharmacopœia directs to be made with extract from the leaves, a conscientious and careful pharmacist would not dispense a plaster made even with an extract from belladonna-root, unless the permission of the prescriber had been first obtained.

It is alleged, however, that some pharmacists are in the habit of dispensing, for genuine belladonna plaster, a preparation which is not made with the extract of the leaves of belladonna, and in fact contains no extract of belladonna, either leaves or root, but which is made with extract of stramonium, or of duboisia, or of hyoscyamus, or of scopolia, or some other member of the mydriatic alkaloid-bearing group of solanaceous plants. I think such a course is ethically and scientifically indefensible. But it

Digitized by Google

has been asserted by high authority that atropine fully represents the therapeutic qualities of belladonna, and that on its presence the physiologic activity of the drug depends. On this assertion is based the claim that an atropine plaster is in fact a belladonna plaster to all therapeutic ends and purposes.

Let us submit this claim to examination from the standpoints of clinical medicine and of pharmacy.

In the first place, atropine has been before the medical profession in the rôle of the active principle of belladonna for more than fifty years; its existence having been suspected by Vauquelin and Brande in 1825, it was isolated by Mein in 1831, and with greater precision by Geiger and Hesse in 1833. Notwithstanding its obvious points of superiority for medical purposes, in facility for administration, both by the mouth and hypodermically, the smallness of the dose, its solubility, and uniformity of action, atropine has certainly not succeeded in winning the favor of physicians to the exclusion of the official preparations of belladonna. In spite of the fact that we have seen the other alkaloids, representing very closely the physiologic activity of the crude drugs, such as quinine, morphine and strychnine, to a very large extent taking the place of cinchona, opium and nux vomica, a similar course has not been followed with belladonna. Practising physicians and clinical teachers continue to prescribe belladonna preparations for a multitude of morbid conditions, in which experience has shown them to be of value, and have restricted the application of atropine almost entirely to its hypodermic use and for a very limited number of conditions. Among these its epidermal application is never included. In our clinical ampitheatres, as in private practice, the prescription of belladonna plasters is of daily occurrence, but the prescription specifically calling for the application of atropine to the unbroken skin, in the form of a plaster, has yet to be written.

Therefore, experience has not indorsed the statement of the pharmacologic chemist that atropine represents the entire therapeutic value of belladonna; on the contrary clinical observation has rather tended to demonstrate the falseness of this teaching and has established the value of belladonna, as a drug of complex character, and of a good extract as its best representative for medical purposes.

In the second place atropine itself needs further identification before it can be said to truly represent anything whatever. It has been assumed, rather too hastily it seems, that atropine is the active principle of belladonna, but if we inquire further as to what atropine really is we find that it is itself a compound body both physically and chemically. That is to say it is a compound physically because, as shown by Regnauld and Valment, the crystallized atropine of the codex really consists of a mixture of atropine and atropidine (hyoscyamine), the latter representing about two-thirds of the mass. In other words, if we prescribe the crystallized atropine of the codex we will get a mixture of which only one-third is atropine and two-thirds hyoscyamine. (Georges Hayem, Leçons de Therapeutique, Paris, 1891.)

It is true that both of the alkaloids are associated in belladonna, but, as their physiologic actions do not correspond entirely, it would be more correct, and of course more scientific, simply to state the fact that belladonna has more than one active principle, which accords with the statement of Ladenburg, that "atropine, the base, should be formed of two isomeric alkaloids, atropine and hyoscyamine." (Hayem, *loc. cit.*)

It is a curious and interesting fact to chemists as well as one of great practical importance to physicians, that the relative yield of atropine and hyoscyamine is said to be, to a great extent, under the control of the manufacturing chemist. It has been asserted that, by exercising special care in the process of extraction, belladonna will yield only hyoscyamine and no atropine at

Digitized by Google

all. Chemically, these alkaloids are very much alike, for hyoscyamine may readily be converted into atropine by the action of alkalies, or indeed simply by melting the crystals. If this should be fully confirmed, future editions of our text-books must read that hyoscyamine (not atropine) is the active principle of belladonna, or more correctly, its most prominent constituent.

The claim has been made that scopolia carniolica (which contains no atropine but only hyoscyamine, with a smaller quantity of hyoscine or scopolamine) may be used in medicine as a substitute for belladonna, and in fact the plant is said to be largely used in the country for the manufacture of so-called "belladonna" plaster at the present time.[1] It is quite certain that this substitution is not generally known to physicians and it is doubtful if it would receive the approval of many clinical teachers. It is remarkable that this course appears to receive a certain degree of indorsement from the distinguished editors of the United States Dispensatory (17th edition), who, in a footnote, simply mention the fact of the use of scopolia in the manufacture of belladonna plasters in this country, but without expressing approval or disapproval of such action.

The chemistry of atropine is still in a very confused condition. Our works on therapeutics discuss the different and distinct physiologic effects of the several active principles found in the belladonna-plant, atropine, hyoscyamine and hyoscine, and refer to the existence of other active agents of varying activity such as belladonnine and atropamine. On the other hand, the chemists tell us that duboisine, daturine and atropidine are identical with hyoscyamine, that amorphous hyoscyamine contains a large proportion of hyoscine, that atropine is more than half hyoscyamine, and finally that atropine does not exist at all in belladonna-root, but is a decomposition product the result of imperfect methods of extraction!

With all this uncertainty in the chemical relations of atropine and in view of the fact that belladonna is really a very complex substance, it may be accepted as a demonstrated fact that nothing but a well-made alcoholic extract can be said, with due regard for truth and scientific accuracy, to represent the physiological activity of the plant atropa belladonna. Hence atropine cannot be a complete and satisfactory substitute in therapeutics for the popular and long-established remedy, and compounds containing only atropine or hyoscyamine, no matter how skillfully they may be prepared by the pharmaceutic chemist, cannot supplant the preparations of the leaves or root of belladonna in clinical medicine.

Dr. Douglas W. Montgomery, in the Medical News of January 25, 1896, reported a case of "belladonna poisoning without dilatation of the pupils caused by a belladonna plaster" in which there was rapid respiration, a stormy, accelerated pulse, a dry, hard, furred tongue, a dry, reddened, but not hot skin, a flushed face, constant effort to swallow, no rise in temperature and no dilatation of the pupils. The patient also had busy delirium, picking at the bed-clothes and constantly attempting to get out of bed. It was found that he was wearing a 6 x 20 belladonna plaster on his chest, which had been applied a few hours previous to the occurrence of the toxic symptoms, immediately after taking a Turkish bath, which undoubtedly favored absorption of the poison. It was not a case of idiosyncrasy, because he had frequently applied smaller belladonna plasters and worn them for a very long time without any evidence of physiological action. Similar cases have been reported by Pye Smith (Diseases of the Skin), Ernest F. Maddon (American Journal of the Medical Sciences, vol. cvl, p. 572), J. F. Walker (British Medical Journal, Nov. 28, 1891); so that physicians should be prepared to occasionally encounter toxic results from the use of bella-

[1] A paper read by Mr. Seward W. Williams before the American Pharmaceutical Association, at its meeting in 1890, stated that the root of *Scopolia carniolica* is substituted for belladonna-root in the manufacture of "belladonna" plasters in the Seabury Laboratories.

Digitized by Google

donna plasters. It is not to be supposed for an instant that these untoward results are attributable to the use of scopolia or stramonium instead of belladonna in the making of the plaster, but it at least should inspire caution on the part of the physicians ordering belladonna plasters to attempt to secure a reliable and standard preparation.

In the last analysis it is really not a question of whether or not the extract of scopolia, or of stramonium, or of duboisia, is as physiologically active and as therapeutically efficient as the extract of belladonna leaves, neither is the essential identity of the physiologic actions of hyoscyamine and atropine in question. In making up a cough mixture or a laxative pill, where the prescription called for the alcoholic extract of belladonna leaves, no reputable pharmacist would think of substituting any other extract in place of the one designated by the prescriber, any more than he would dispense atropine for hyoscyamine, or vice versa. Analogy is not identity, and isomeric compounds do not by any means produce the same physiologic effect. But even were it to be granted, for instance, that "Jimson weed" extract, or extract of taraxacum with one-half per cent. of atropine added to it, and similar pharmaceutical preparations, are physiologic equivalents for the alcoholic extract of belladonna leaves, still the dispensing of either of these for the latter, either in pills or plasters, would be opposed to the ethics of pharmacy, and should be condemned as introducing a dangerous precedent, which would in the end be quoted to sanction the substitution of all higher priced drugs by others that are cheaper, but which are alleged to be "just as good."

Corresponding Member. — Sir William Turner, Professor of Anatomy at the University of Edinburgh, and recently elected President of the General Medical Council, has also been elected corresponding member of the Berlin Academy of Science.

LIMITATIONS IN THE MURPHY TREATMENT.

By J. A. de Armand, M.D.,
Davenport, Iowa.

If the newspaper reports are to be relied on, and they are doubtless fairly accurate, the new step in the cure of consumption as announced by Dr. Murphy at Denver, will encounter enough breakers in the next six months to everlastingly damn it, however much of merit it may contain. Any plan that is denominated as a cure is sought after by the inflicted multitude, and the demand for operative interference is not at all likely to out-number the operations. Every medical man at all conversant with the dissecting room and later with autopsies, will recall the frequency of pleuritic adhesions in varying degree and extent. It is very evident that the efficacy of the plan of causing a collapse of the lung by inflating the pleural cavity must operate in a reverse ratio when that cavity cannot be inflated to the extent compatible with collapse. To force nitrogen into a pleural cavity reduced in size by firm adhesions between the chest wall and the lung would be to simply limit and make partial the collapse, or to tear loose adhesions more or less firmly bound, which is to say causes traumatic pleurisy that might compromise life, and being made in the dark, its extent could only be computed by the final near approach of your patient to his quietus.

Then again, if the lung is not put at rest, the benefits accruing from rest can only be comparatively secured. This fact being self-evident naturally calls for such inflation of the pleural cavity as will be very complete rather than just short of that point, since over distension will be relieved by absorption by the lung. It therefore follows that one of two accidents is not only possible but frequently inevitable. First, the inflation being incomplete, is liable to fail to put the diseased lung at rest, in which event the hoped-for relief could not be secured.

Digitized by Google

Second, the ever-present danger of provoking serious pleuritic inflammation by the tearing away of old adhesions. To my mind this last is the greatest danger that is likely to beset this latest means of antagonizing the advance of consumptive destruction. The subsequent history of every failure in the effort to apply this treatment will be worth a good deal more than the adjective-bearing praise that is sure to come from many investigators who fly to cold type with a single uncertain case uncertainly diagnosed and unwarrantly assumed cure.

The ease with which this plan of treatment can be applied will enlist the services of many who would hesitate at a more difficult operation. When the first flush of hope gives way to calm survey it will be found in this, as in other lines of treatment, that he is safest who is in most competent hands—not the most willing hands. So it matters little what weight must finally attach to this step in the cure of consumption. The first news will be a poor index to judge the final verdict by. The tendency to bell-wetherism is freely shared by the medical profession. I know a number of gentlemen who were loud in their declarations of cures secured by that premium bit of asininity known as the sulphuretted-hydrogen folly. Small wonder that men and women grasp at limber straws when their medical counselors fall such easy victims to a theory.

For this and other reasons that will occur to the student of pathology, it is evident that this latest candidate for professional examination before final endorsement and adoption, is certain to meet with the same fate that is a part of the history of every plan yet contemplated for the relief of suffering mankind. Chests as innocent of germs of tuberculosis as a statue will be pumped full of nitrogen while people with a fairly comfortable life limit of ten or a dozen years will be hurried off to make history for a professional holiday. Already the wandering hordes are announcing the silver-plated mechanisms by which consumption is cured while you wait.

More and more evidence must accumulate why it is best to advise caution in the great crucial test of Murphy's plan. It matters not what useful end it may accomplish unless you insist on careful discrimination in the cases operated on, or failures must outnumber successes two to one and may be ten to one. The very hopelessness of the class of cases it is designated to cure must invite a recklessness of application that could not fail to overwhelm any plan without regard to merit. It is said that on his return from a few days' outing after the announcement of his plan of securing best results in the treatment of consumption, Dr. Murphy found his office full of mail from every quarter of the Union, all willing and anxious to undergo treatment. No amount of warning could deter these people from the treatment even though every reason for its successful issue were absent. Pleural cavities that would not hold a gill of gas must be pumped full, while general lung involvement would simply mean more vigor in greater haste in procedure.

Then while the news of another plan of treatment is being heralded abroad by lay journals and with such implications as to justify the belief that it meets all cases on a common level, the profession must be prepared to stem the tide by the assurance that it is suited to the few and wholly unsuited to the many. Indiscriminate application of the plan is certain to be followed by a wonderfully increased death rate. It will be found when the smoke of battle is cleared away that the plan, if destined to be effective, will be found valuable in the early cases where interference is made before extensive destruction has taken place, and where the recuperative powers of the body are not undermined by a long siege of fever with attendant emaciation.

Nor must it be forgotten for a moment that the plan proposed by Dr. Murphy is but a step in the long journey back to health. You may as well say that the man whose leg is broken is well when splints rendering the parts immovable are applied

Digitized by Google

as to suppose that to place a diseased lung at rest is to stop the ravages of the tubercle bacillus. Experience long and painful has proved that it is too severe a task ordinarily to withstand the inroads and check the onward march of the bacilli. Murphy's plan simply proposes to give a better opportunity for nature to repair damage already done and starve out the invading foe. Not a tonic less will be needed than before; not a single hygienic aid can be spared; there will be need for all the therapeutic weapons which experience has proved to be valuable in a war with an insidious foe. True, with a decrease in the rapid destructive action in the lung there will be a decline in the absorptive action whereby the flood of poisonous elements of decay will no longer furnish food for extreme fever and other strength-reducing attributes of the disease. This will mean a great saving of strength—not only strength saved by not being called out—but strength produced through alimentation and available for upbuilding instead of maintaining a wavering standard.

Viewed in its entirety we have just reason to anticipate much benefit from the new method. The great army of sufferers will continue however to march without change of line toward the waveless sea. But this fact is no arraignment of the new plan. What wonders may be in store for the new cases, the incipient ones, the ones which we now offer the alternative of a life in an isolated spot far from friends and home, or death at home; to those where there may be a balm in Gilead.

Whatever offers hope to us in the line of attacking a death rate that comprises one-half of all deaths deserves to be weighed. In treatment by injection surely much has been done. If an additional aid to it is to be found in enforced lung rest let us accept the kernels and not decry the harvest.

Medical Faculty of Lyons, France.—Dr. Lannois has been appointed Professor of Diseases of the Larynx, Ears, and Nose.

A SUCCESSFUL TREATMENT OF DELIRIUM TREMENS.

By Robert C. Kenner, A.M., M.D.,

Louisville, Ky.

I have in my practice of nineteen years been called to treat a great many patients who had that very dreadful affection "delirium tremens." In more than one way it may be correctly said that this a dreadful affection. It is so to the patient's friends and his nurse because it requires restraint, and the most indefatigable attention to the patient at all times, and then the mortality attendant upon delirium tremens is by no means to be overlooked.

The patients have two factors which truly are dreadful. They have a highly-wrought nervous system and an inflamed stomach, or one that is congested or that has been for a long time in a state of chronic congestion. In fact, in most of these cases, we have at the start a case of gastritis complicated with an active congestion of the brain. And there is another factor which frequently is very conspicuous—in fact it often is the influence which causes the curtain of death to fall suddenly upon the scene,—we refer of course to failure of the heart. Of course, with the sleeplessness which is generally a distracting feature of this disease, and the great activity of the patient, the heart of course will be greatly taxed and danger threatens as much from that as from any other source. We have, from what has been said, laid down the real elements of danger in these cases. Now let us speak of the treatment necessary to bring about a restoration.

A number of years ago while on a visit to the Kentucky Asylum for the Insane, attention was called to the good results attained from the employment of baths. The sleeplessness of the insane was treated to a large extent by subjecting the patient systematically to baths. These baths were in tepid water and the patient was kept there for twenty minutes. Our attention was

Digitized by Google

called to the happy action which these baths exerted in inducing somnolence. Often patients who had scarcely slept for several days would fall into a refreshing sleep that would last twelve hours. Instantly it occurred to us that the employment of these baths would be a capital measure in the treatment of delirium tremens, a disease —or condition—in which much the same elements are co-existent. We have therefore relied on this as one of the chief auxiliary measures in bringing about that most of all desired requisite in this disease, that of sleep and its natural result—rest.

Often these patients will prove very refractory to the bath, and in these cases we have the strong friends to force them into the bath tub. This is one of the things which has to be done when the patient is not easily controlled. This is just as necessary, I explain to the patient's friends, as it is to restrain him from jumping out of the window, as these unhappy patients very often have a will to do. How often the bath should be given is a question which will be asked. We answer that it should be given often enough to keep the patient quiet, but not more frequently than every three or four hours.

Another question naturally will come up: do you use any medicine in the treatment of this disease? We answer by all means. We have to give constantly a cardiac tonic or stimulant. Strychnine sulphate is probably our best remedy; digitalis is not to be used, because that agent is very often unreliable, and, at times, very dangerous. Strychnine should be given hypodermically or by the mouth in doses of from $^1/_{16}$ to $^1/_{50}$ grain, often enough to keep the heart beat at proper volume. This should be watched carefully and when the heart shows any degree of irritability or weakness the strychnine should be given.

But let us here speak of an auxiliary hypnotic. That remedy, which, together with the baths, tends to produce sleep and rest, has been found to be bromidia. The bromide of potassium and chloral in its formula make it the best hypnotic, while its other ingredients are stimulating to the heart. Given in doses of a drachm or half drachm every two hours, or, in many cases, every four or six hours will be sufficient. Especially is this true when the case is mild. Often when the case is mild we can cure the case with bromidia alone given in these doses. Often only one bath with a dose of bromidia will give the patient one initial rest, and the case will from that date—or rather, that moment—lose all aspects of severity and at once come to be the most tractable of affections.

Now arises a serious question: shall we leave off alcohol? We cannot with justice to our patient do this; often this will lead directly and promptly to heart failure, and we should, by all means, give the patient a reasonable quantity of alcohol. But we can avoid this altogether often by explaining to the patient that we can give him a remedy which will neutralize his appetite for drink and at the same time give our patient his customary stimulation. The remedy which will accomplish this is comp. tinct. cinchona. This remedy should be given in doses of a tablespoonful or a wine glassful often enough to subdue the desire to drink. Often the comp. tinct. cinchon. will so steady the heart that it will not be necessary to give the patient strychnine. It is well to give it regularly—often enough to sustain the effect.

The diet during the active stage of this disease should be liquid—milk is the favorite food.

The patient should be treated with great kindness and the nurse and physician should endeavor to gain the confidence of the patient entirely.

London Medical Charities.—Under the will of the late Mr. Edward Merckeson half a million dollars (£100,000) has been left for equal division between the Surgical Aid Society, St. Anne's Society (a well-known orphanage), and the Association for Promoting the General Welfare of the Blind.

Digitized by Google

OLD BOOKS.[1]

By Thomas M. Dolan, M.D., J.P.,
HALIFAX, ENG.

I am deeply sensible of the honor which has been paid me by electing me President of this large and important branch of the British Medical Association, and I take this opportunity of returning my very best thanks and welcoming the members of the branch to Halifax, on this eve of the day when we are about to celebrate the 50th year since the incorporation of the borough. It has been the custom for your President to deliver an introductory address, and I have been assured that this custom could not be departed from.

What could I select of medical or surgical interest from the annals of this quiet neighborhood? I thought over possible themes which might be worthy of your listening to; medico-political topics suggested themselves, but I came to the conclusion that in your medical journals you get quite enough of medico-politics. I was relieved from my difficulty by an old and favorite writer of mine, who being dead yet speaketh, so I shall speak to you on old books, old writers, old surgeons and physicians.

Oliver Wendell Holmes is known to all as the charming author who has left us those books which are now English classics, viz.:—

"The Poet at the Breakfast Table," "The Autocrat of the Breakfast Table," and "The Professor at the Breakfast Table." He is less known as the author of a novel, "Elsie Venner," and is still less known as a Professor of Anatomy who taught for 39 years at Harvard University, and as a medical man who was amongst one of the first in America to draw attention to the prevention of puerperal fever. A passage from one of his works suggested to me the subject for an address.

In one of his charming lectures he pleads most earnestly on behalf of our old medical literature and urges the young medical men not to look with contempt on old books. He says:—

"The *débris* of broken systems and exploded dogmas form a great mound, a *monte testaccio* of shards and remnants of old vessels which once held human beliefs. If you take the trouble to climb to the top of it you will widen your horizon, and in these days of specialized knowledge your horizon is not likely to be any too wide."

If I attempt to bring before you some records of the past, it is with the object of trying to prove that we owe an immense debt of gratitude to the great workers who have laid for us the foundations of medicine. To present you with some of their portraits, to show you what manner of men they were, and to enable you to realize how they worked and why they worked, what difficulties they had to overcome, and how they struggled against those difficulties is my intention to-day, and I think we shall learn something from their lives, something from their characters, that will give us a much higher conception than we may have had of the value of what they have left us. Time will not allow me to dip too deeply into the pages of medical history, a study much neglected at the present day, but a study which is not without profit, for the very reason advanced by Dr. Oliver Wendell Holmes.

I do not find fault with the modern system of education of the student, for it is too large and controversial a subject, but I certainly do think that we in a great measure undervalue the old writers, and in our modern feverish rush through life, in our modern methods, we lack the depth we find in the old writers, we are more superficial, we put on more veneer, our books are thin, not in size but in substance. Amongst many young men I have spoken to I find an absolute contempt for old works, and for the old clinical teachers. Two things I have gathered from my study of the old writers, viz.:—

[1] President's Address, Yorkshire Branch, British Medical Association, June 8, 1898.

Digitized by Google

(*a*) They worked much harder than we do at the present day.

(*b*) They were more scholarly, using the word in its widest sense.

I will take a few names as pegs on which to hang some thoughts.

Now what do we not owe to Laennec? At the age of 19, in the year 1800, we find him in Paris engaged in his professional studies, but not content with the compulsory work we find him devoting himself to the profound study of Latin, in which he learnt to write with ease and elegance, whilst at the same time, by his own efforts, he familiarized himself with the Greek writers. Not content, however, with these two languages he took up the study of Celtic, and far from hindering him in his professional studies, these subsidiary studies were turned by him to such good account that in 1804 he published two theses on two Greek medical writers, one in Latin and the other in French.

It is very remarkable in connection with Laennec, that like many physicians he died from the very disease to the study of which he had devoted his life. His great treatise on "Mediate Ausculation and Diseases of the Lung and Heart" was published in 1819 in two volumes. It was an epoch-creating work, and I venture to say, that at the present day, no consulting physician or specialist ought to consider himself as properly educated until he has read this work.

Immediately on its appearance it was translated into nearly all the European languages, and many great reputations were subsequently built on Laennec's foundations. Sir John Forbes translated it into English, and William Stokes of Dublin was also one of the earliest British physicians to grasp its importance.

So early as 1825 Stokes published a small work on the stethoscope, for which he received £75 from the publishers, a very large sum indeed in those days.

Stokes was the son of Dr. Whitley Stokes, a distinguished Irish physician, and chiefly owing to Laennec he directed attention to diseases of the chest. In 1837 he also published a magnificent work on "Diseases of the Chest," which is not yet out of date and which may yet be profitably consulted. A new edition was issued by the Sydenham Society in 1882.

In 1854 Stokes published another work on the "Diseases of the Heart and Aorta." Stokes was distinguished by his scholarly attainments; he did not confine his attention solely to medicine, he broadened his life by a cultivated taste for art and archæology. His lectures are distinguished for their style and elevation of thought, and in his time he was beloved and revered. I make one quotation from his valedictory address to the B. M. A. at Oxford in 1869. He says:—

"Everyone must lay to heart that a great issue rests within his hands; the man amongst us, who, by his unselfish labor, adds one useful fact to the storehouses of medical knowledge does more to advance its material interests than if he had spent a life in the pursuit of medical politics. Far be it from me to say that there are not wrongs to be redressed, but these evils being admitted how are they to be lessened if not removed? Is it by public agitation? Is it by the demand for class legislation? No; it is by the efforts of one and all to place medicine in the hierarchy of the sciences, in the vanguard of human progress; then will medicine have its due weight in the councils of the country." There were great physicians in those days in Edinburgh, London, and Dublin. In the Irish metropolis, Graves had just introduced true clinical teaching. Corrigan, Crampton, March, and Colles were alive, and many others upon whom I cannot now linger. Whilst in Edinburgh flourished Allison, Hope, and in London, Forbes, Holland, Burroughs, Watson. I have mentioned Graves, whose clinical lectures are still worth perusal and upon whom Trousseau pronounced the highest eulogium. "Graves is an erudite physician, a perfect clinical teacher, an attentive ob-

Digitized by Google

server, a profound philosopher, an ingenious artist, and an able therapeutist; he commends to our admiration the art whose domains he enlarges and the practice of which he renders more fertile and more useful." *En passant,* I may here mention that this great Trousseau has left us works distinguished for their erudition and utility even at the present day, and that in his time his lectures at the Hotel Dieu were crowded.

This was a brilliant period in French medical life. Andral was teaching, Bouillaud was in his great vigor, Velpeau was at the height of his fame, and Nélaton dominated French surgery, while Claude Bernard was attracting physiologists to his lectures.

I may here mention as we have been face to face with influenza for many years that Graves has left us a clinical picture of inflenza, as it was in 1837, and that he was one of the first to oppose blood-letting in that disease, which was the fashion of his time. As I am speaking of the Dublin School of Medicine I may here allude to Sir Dominic Corrigan, who published in the Edinburgh Medical and Surgical Journal of 1832 his classic paper on "Permanent Patency of the Mouth of the Aorta or Inadequacy of the Aortic Valves." He was the first to describe this condition and also the character of the pulse known generally as Corrigan's pulse, now known as water-hammer pulse.

At an early period of his career, 1830, when practice was but scanty, he was much encouraged by reading a work just published, viz., "The Lives of British Physicians," and he very often referred to it afterward. "No proof is wanting to show that there is but one road to excellence and success in our profession, and that is by steady and hard labor." By sheer force of great work and character Corrigan carved his way, holding a position in Ireland somewhat parallel to that held by Sir Thomas Watson in London.

What shall I say of the charming lectures Sir Thomas Watson, which are models of the best and purest English. These lectures quickly ran through five large editions, and he was regarded for his intellectual qualities as the foremost physician of his time, though he made no great discoveries and had no claim to genius. He was a Fellow of his College, St. John's, Cambridge, and his mind was enriched by many accessory studies. As a proof of the liberality of the publishers of that day, Parker, the publisher of his two volumes on the "Principles and Practice of Medicine," gave the author when he found that the volume was making for itself a large profit, two-thirds of the profits instead of one-half, and handed him a cheque for £1,200. I might well here exclaim—*O Tempora! O Mores!* I should be glad to hear of any modern work which has brought its author so much profit. One quotation I make from his introductory address. He says:—

"The profession of medicine, having for its end the common good of mankind, knows nothing of national enmities, of political strife, of sectarian dissensions; disease and pain is the sole condition of its ministry; it is disquieted by no misgivings about the justice or the honesty of its client's cause; but dispenses its peculiar benefits—without stint or scruple—to men of every country, or party, or religion, and to men of no religion at all, and like the quality of mercy, of which it is the favorite handmaid, it blesses him that gives and him that takes, reading continually to our own hearts and understanding the most impressive lessons and the most solemn warnings. It is ours to know in how many instances bodily suffering and sickness are the natural fruits of evil courses; of the sins of our fathers, of our own unbridled passions, of the malevolent spirit of others."

Watson died at the age of 90 years, full of age and honor. He was a great physician, and we may here ask: what goes to the making of one? Brilliant discoveries Watson did not make. He had, however, that personal equation—the great gift of influencing others—added to intense industry

Digitized by Google

and knowledge of human nature, and a ripe acquaintance with disease acquired by bedside study and observation. He took broad views on every question; high-moral principle, unswerving professional rectitude secured for him the support of his professional confrerès, and the ascendency which he obtained in his own profession was still more maintained amongst the patients of all ranks and from all parts of Great Britain, who flocked to his consulting rooms.

But the memory of a great popular physician does not last long; it is very much like that of the actor. Many of you may remember seeing Jefferson in "Rip Van Winkle," in which play poor Rip pathetically remarks after 20 years absence from a village, "Are we so soon forgotten?" Aye, sooner, in 20 days or 20 weeks—few even now of the public remember Sir William Jenner, who, I am glad to say, is still alive. The names of great popular physicians are written on sand, the names of great physicians who have done something for the advancement of medicine are perpetuated and handed down and their work lives in the work of others, and that is the difference between popular and professional reputation.

I must not omit to mention the name of another great writer who owed his reputation to Laennec, viz., Dr. Charles Williams.

Laennec, when Williams was in Paris, was in the last year of his life; the great auscultator did not explain always correctly or fully the sounds to be heard in the chest, and there was a great field open for one who had knowledge of acoustic laws. Dr. Williams in 1828 published a valuable work, entitled "A Rational Exposition of the Physical Signs of Diseases of the Chest," which was the foundation of his successful career: sufficient to say that he was the first to start and support the Brompton Hospital for Consumption and Diseases of the Chest; that he was the first President of the London Pathological Society; that he became Professor of Medicine at University College, and that he lived till a ripe old age. It is somewhat remarkable that so many great medical men have lived to advanced ages in spite of hard work, the wear and tear of the profession, and the dangers incidental to the life of medical men. It is sufficiently clear that hard work does not kill, and I think that none of us need be afraid of hastening our demise in this way. In any case it is better to work out than to rust out.

By mentioning Laennec at the beginning of my observations I have been led on to speak of men who are comparatively modern, and I shall now for a short time endeavor to interest you in a few writers much more mellow. I might go back nearly 200 years, I might have gone back earlier and spoken to you of Harvey or of the Greeks, but I think that their memories are kept green, so I shall content myself with showing you some of the work which was turned out in the eighteenth century, viz., 1722, in the way of educating the rising members of the profession. You have all heard of Boerhaave, who was one of the most accomplished and enlightened physicians of the eighteenth century, and you know the well-known story of how when he died he left behind him a well-bound volume, the title page of which declared that it contained all the secrets of medicine. Great expectations were excited, but when the book was opened every page was found blank except one, on which was written, "Keep your head cool, the feet warm, and the bowels open." This was Boerhaave's legacy, and, satirically, was taken to signify the medical knowledge of his time, but we must accept this story with a very large grain of salt, for even in the eighteenth century medicine had some claims to respect if only from its anatomists.

The pleasures of a book worm consist very much in hunting up and looking through old books, searching old book shelves, reading through old catalogues about books which one would never think of buying. There is a great satisfaction too in picking up for a song a book which has some historic, artistic, or scientific value. I did some years ago pur-

Digitized by Google

chase for a few shillings two books which, in their time, made a sensation, and which even now are of value and interest. One was William Cowper's "Myotomia Reformata," reprinted in folio 1774 from the edition of 1694. The other was Cheselden's small 8vo., "The Anatomy of the Human Body," published in 1713; both of these books interested me very much in other literature of the same kind and induced me to compare Cowper's work with other old anatomists, as those of Eustachius, Albinus, Vesalius, and Fallopius.

Cowper's glands are well known to us all. The anatomists have managed to secure immortality by attaching their names to certain parts of the human body. You are all familiar with the names of Rolando, Sylvius, Reil, Glisson, Fallopius, Vesalius, Scarpa, Bartholin, Havers, Meckel, Risbert, Munro, Wharton, Corti, Jacob Malpighi, and Winslow.

Cowper's work has recently attracted attention, and I may truly apply the words of Horace, *"Raro antecedentem scelestum deseruit pœna, pede clauso."*

Plagiarism is a very old offence, and I am sorry to say it is not unknown in modern times. Lame or halting, justice though slow, appears to have been sure in the case of Cowper, who was a most successful stealer of the products of other men's brains. His name has lived in connection with Cowper's glands, of which he first published a description in 1702, though Mery, who lived from 1645 to 1702, really discovered them in 1684. But this plagiarism was a comparatively small one, for his "Myotomia Reformata" appears to have been a pirated edition, the work of a great Dutch anatomist named Bidloo. At the time Bidloo became aware of Cowper's work, and in 1700 Bidloo published a pamphlet denouncing Cowper as "a robber," to which Cowper replied that the figures were drawn originally for Swammerdam and that he wrote the description for the publishers.

Recent evidence as published in the British Medical Journal, January 15th, 1898, proves that Bidloo was perfectly right in claiming the plates as his own, for Mr. Hewitt, Assistant-Librarian of the Royal College of Surgeons of England, has found by a careful examination of the first edition of Cowper's Anatomy that the circle containing the letterpress in the frontispiece has been accurately reproduced with the words, "The Anatomy of Human Bodies, by William Cowper, Surgeon, 1698;" but Mr. Hewitt, with an ingenuity worthy of Sherlock Holmes, further found that this circle had been pasted over the original printing on the plate, but if the front page be held up to the light it is easy to see that the original words are still there, viz.:—

"Godefridi Bidloo, Ontleding des Menschelyken Lichaams Gedaan door Govard Bidloo, Anat-et Chirary Professor." Nemesis has come, though it will disturb very little the dust of either Cowper or Bidloo.

I show you some of the plates, which are remarkable for the way the anatomy is presented, and though we may smile at the singularity of the muscles, yet we cannot but admire the spirit of the drawings and the very life which the artist has infused into dry bones. The plates are fanciful in many respects. We see in one picture Old Time with his scythe and in the distance the skeleton retiring into the tomb. In the other pictures the skeletons are placed in fanciful positions, which give a life-like resemblance free from the tameness of many modern anatomical drawings. We must remember that at the time when these plates were produced, dissection was looked upon with disfavor. Bodies were difficult to obtain, and many a medical school could only obtain one body a year. This of course was a great event.

Vesalius in his early days went to Montpellier and then to Paris to study under old Sylvius, whose real name was Jacques du Bois or Jock of the Wood, but Sylvius could teach him very little anatomy, and he had to be content with studying the lower animals, but Vesalius had made up his mind to learn anatomy, so he went body-snatch-

Digitized by Google

ing and gibbet-robbing at the risk of his life, and acquired after long and dangerous escapes the only perfect skeleton in the world.

What Vesalius did we can see by referring to his marvellous book, "De Corporis Humani Fabrica." We find him Professor of Anatomy at Padua, then at Pisa, then at Venice, everywhere demonstrating to crowds, and gathering around him not youths, but bearded men, gray professors, students in every sense of the word, just as we see in the famous picture of the Hague (La Lecon d'Anatomie, by Rembrandt) of Van Tulp demonstrating the muscles of the arm.

I mentioned Cheselden, who was taught his anatomy by Cowper, and who himself published a small 8vo. on "The Anatomy of the Human Body," which reached the third edition in 1736, and also a large work on osteology, with plates 20 inches long by 20 inches broad. Cheselden's work was done by some of the best artists and copper plate engravers.

Cheselden was Surgeon to St. Thomas's, and in his little book he published a few plates dealing with surgical operations, one of which I show you. It is a case of scrotal rupture and the plate shows what was done. The patient recovered. First of all he applied a small truss, but was able to leave it off for a short time—though he lived by hard labor. Some of Cheselden's other early experiences are narrated and are remarkable for their singularity as well as for their boldness.

The great attention given to anatomy by the old masters, the expense involved in the magnificent folios which they have left us, may even astonish us at the present day when books are cheaply produced, but these works had an enormous influence, for anatomy is the basis of medicine. Coming on to later times, viz., that of John Bell, 1763, and the Hunters, 1803, we find the dissecting room the centre from which emanated all knowledge of the art of surgery and of its principles. Anatomy had to be part and parcel of the surgeon in the days before chloroform was introduced, for nowadays operations are a leisurely dissection.

In the olden days the quickness of an operation was the great measure of a surgeon's skill, and grave operations rivalling modern operations were performed, but on palpitating flesh, amid shrieks and suffering, so that the surgeon had to have beside his skill a nerve of iron. Though there were great operators before the days of antisepsis and chloroform, they went to their operations with very different feelings from the modern operator, and they have left us records of their work and expressions of their deep feelings of sympathy with the pain they were obliged to inflict. I need not mention many names, but I might recall to mind the Hunters, Bells, Abernethy, Blizard, Klein, Brodie, Sam Hay, Travers, Lizars, Symer, Guthrie, Astley Cooper. One fact stands out very strikingly in connection with the older surgeons, viz., their devotion to human anatomy. In all the work they did, in all the work of the Hunters, for instance, its bearing appears to be always the same, to improve practical surgery—how to bring the facts of anatomy to the practical help of humanity. If they studied physiology it was with the same end in view. Human anatomy is now much the same as it was in the days of Vesalius. General histology or general anatomy is a modern creation. Physiology and biology are now taught by professors who are not practical surgeons. I have mentioned Syme.

The two practical problems, viz., the treatment of aneurism and the treatment of wounded arteries, are, of course, very nearly related to each other, and the whole subject was laboriously and successfully worked out by a galaxy of practical surgeons such as the world has seldom known —John Hunter, Jones, Hodgson, Lawrence, Travers, Cooper, Abernethy, Liston, together with Drs. Post, Valentine Mott and Paul Eve in America. To these men Syme himself declares "is to be ascribed the honor of leading the way by their bold and success-

Digitized by Google

ful operations, resting on the sound foundation of correct pathology, to the present treatment of aneurism, which compares remarkably by its simplicity and safety with the complexity and danger of the older methods."

Syme ligatured the femoral artery thirty-eight times for aneurism, and all his patients recovered.

His bold and original operations upon the carotid, the subclavian, the iliac, and other arteries, are too well known to require detailed description here. His independent and ingenious theories, upon the strength of which he ventured to set aside, in certain instances, the long-established and universally accepted teachings of John Hunter, and the brilliant success which attended his practical application of his theories to such great aneurisms as those of the axillary, carotid, and iliac, are surely calculated to awaken enthusiasm in the mind and heart of any man, young or old, who has the good fortune to be blessed with surgical tastes and instincts.

Robert Liston, who was Syme's immediate predecessor, both in the Royal Infirmary of Edinburgh and in London, enjoyed an unprecedented fame as a bold, rapid and successful operator. In fact, it is very doubtful if he has ever been equaled as an *operator* by anyone in the whole history of surgery. Lithotomy and amputation of the thigh were generally supposed to be his most brilliant operative procedures. With his left hand he controlled the bleeding, and with his right he amputated even at the hip-joint with two rapid sweeps of the knife.

Syme never aspired to rival Liston in the matter of manual dexterity, but it cannot be doubted that he far surpassed him as a pathologist.

Sir Astley Cooper was a distinguished anatomist, and I may here recall to mind that it was Abraham Colles, of Dublin, who made the drawings for his work on hernia. In early life he made anatomy his study, and fortunately became acquainted with Sir Astley Cooper.

As I am now referring to Sir Astley Cooper I may here, for the encouragement of the younger consultant-surgeons, tell you what his income was for a time. His first year he made £5, second year £26, third year £54, fourth year £96, fifth year £100, sixth year, £200, seventh year £400, eighth year £610, and ninth year £1,100. He ended by making in one year £21,000.

Can we imagine Sir Astley tying the aorta without the aid of chloroform or antiseptics? Can we realize now what this meant? Can we picture to ourselves MacDowell, of Kentucky, in 1809, performing ovariotomy under the old conditions? But he did it successfully. Had the surgeons I have mentioned had at their command chloroform, or had they an opportunity of grasping the principles of Listerism, they would have left the moderns but a small surgical world to conquer, for with the advent of Simpson's great work the whole aspect of surgery changed, and as I have said surgery became a leisurely dissection, still requiring the personal equation without which there can be no good surgery, viz., the applied skill and knowledge of the operator, who was relieved, however, of the weight which hung round the older surgeons, viz., the shrieks and resistance of the patient and the sensibility to suffering. But then came the cleansing of the operating room, the cleansing of the surgeon himself, and all the accessories, and this was due to Lister, for antiseptic surgeons and aseptic surgeons may now smoke the pipe of peace and henceforward surgery ought to progress, not that chloroform or antisepticism can simplify or make up for lack of surgical skill, or that operations ought to be performed because we have available means of diminishing suffering and preventing septicæmia. The surgeon still must have special training in anatomy, special skill, the same sense of responsibility. But what is the lesson to be derived from the old writers?

I think it is simple. The secret of their success lay in their great capacity for work and in their great perseverance. These ap-

Digitized by Google

pear to me to be the only passports to success, and if you examine the lives of the men who are at the present day forging forward to success, you will find the same characteristics, viz., devotion to their profession in the dissecting room, in the laboratory, in the dead house, in the hospital ward, in their studies. The way is open to all. Even at the end of the nineteenth century the whole field of medicine is not yet ploughed, and for those who have eyes to see, and the great gift of intuition, there are problems to be solved which will bring as enduring fame as that ever won by a Harvey, or a Hunter, a Bell, a Marshall Hall, a Simpson, or a Lister. We have but to look at what has been done, even within comparatively modern times, in this great county of Yorkshire at our Leeds School of Medicine, and the fame brought on English surgery by Hey, Heaton, Teale the first, Wheelhouse, McGill, Chadwick, and the other living representatives who are following so worthily in their footsteps.

I should like to have had time to have said something about the old medical journals, such as the Medico-Chirurgical Review, which had long carefully studied classical articles and reviews, and which were modelled after the literary style of our English quarterlies, and which have now disappeared. Wakley, the founder of the Lancet, in 1823, initiated the new medical journalism, and if you would turn to the early volumes of the Lancet you will find that in those days medical controversies were carried on after methods fortunately unknown in our time.

I conclude in the words of the author of the "Religio Medici," a work which was written by Sir Thomas Browne, M.D., at Shibden Hall, near Halifax: "To palliate the shortness of our lives, and somewhat to compensate our brief term in this world, it's good to know as much as we can of it; and also, as far as possible in us lieth, to hold such a theory of times past as though we had seen the same. He who hath considered the world, as also how therein things long past have been answered by things present; how matters in one age have been acted over in another; and how there is nothing new under the sun; may conceive himself in some manner to have lived from the beginning, and be as old as the world; and if he should still live on it would be the same thing."

A CLIMATIC TEST AT TAMPA BAY.

By George A. Hewitt, M.D.,
PHILADELPHIA.

No more convincing demonstration of the salubrity of the climate of the Pinellas Peninsula and other districts on the shores of Tampa Bay could possibly be afforded than by the experience gained in the military camps adjacent to the city of Tampa. It seems, indeed, that the Pinellas Peninsula possesses certain advantages which are much in its favor as compared with Tampa. The former lies near the mouth and the latter at the head of the bay. The Pinellas Peninsula is almost an island. From almost every point of the compass the atmospheric currents blow across salt water. On one side is the vast Gulf of Mexico and on the other is a large arm of that body of water. The land of the Peninsula slopes to the beaches and facilitates natural drainage. The temperature upon the Peninsula averages a few degrees lower than at Tampa. The atmosphere is more fully charged with ozone. The arrangements for the transportation of troops are as good at St. Petersburg as at Tampa.

For such reasons, the favorable conditions which have happily prevailed in camp at Tampa prove conclusively the exceptional salubrity of that place and *a fortiori* of the Pinellas Peninsula.

The record of the camp established near Tampa is, in truth, most remarkable. At this point were gathered together many thousand troops rapidly massed from every part of this broad land. From the cool North and the arid Southwest, from the low-lying seaboard to the lofty hillsides,

Digitized by Google

from the city and from the country, from the workshop, the mill and the counting house, from every school and every profession, their country's defenders were assembled at the word of command. The men of our regular army were, it is true, inured to hardships from their life and struggles on the plains. The volunteers had been carefully selected as capable of bearing the labors of military life in actual service. It was, therefore, a picked body of men, physically and mentally, assembled at Tampa. Nevertheless, these men were massed together under conditions which were unusual. To the volunteers, in particular, the surroundings and the mode of life involved a complete change of habits and customs.

In this vigorous country a community of twenty thousand inhabitants considers itself no mean city. It models itself upon the broadest municipal type. As prime essentials of its prosperity it provides for a water supply which shall be at once healthful and pure. It most carefully arranges for the disposal of garbage and the removal or utilization of sewage. It allows an ample margin in its plans in order to anticipate its growth of population. Now, here at Tampa we find a camp which, as regards its population, is equal to a city of considerable commercial activity and importance. Upon the spot were no arrangements for drainage, and the water supply was that provided by Nature in the adjacent springs and lakes. The usual sanitary measures of cities were unavoidably absent in the camp at Tampa. Nevertheless, although this is a point which had been considered at the North as too near the tropics for a safe place of residence for unacclimated persons, we find that the record of this camp for healthfulness is unsurpassed. This fact establishes the truth of the belief expressed in these columns regarding the Pinellas Peninsula and St. Petersburg as places of residence for persons bred in the North. In fact, there is no doubt that the recent massing of troops in this locality is an object lesson which will carry conviction to the mind of every one who reflects upon the subject. What spot in all the United States can be better fitted for a sanitarium, a place of resort for sick and well in winter or summer, than a vicinity where so many troops were encamped with so marvellously small a percentage of sickness? No visitor hereafter need fear to remain at St. Petersburg or its neighborhood during the summer. As has often been said in these pages there is no great difference between the summer and winter mean temperature on the Pinellas Peninsula. This equability of temperature is one of the unfailing attractions of the locality. Indeed, as regards the thermometer its records have been as high in Philadelphia and vicinity during the same period of time as in the camp at Tampa.

We may regard the natural salubrity of the Pinellas Peninsula as having been proved beyond all possibility of doubt. This verdict opens up another wide subject. As human nature is constituted we seek more than mere salubrity in a neighborhood. The stricken invalid, indeed, clinging to life with all the tenacity which he can command will ask no more than a spot in which his sufferings may be assuaged and his days lengthened. Americans who are in health, however, together with not a small proportion of those in an early stage of disease, require occupation, and, furthermore, seek occupation which shall be remunerative. The problem now presents itself as to the means of earning money upon the Pinellas Peninsula.

The numerous openings for the profitable investment of capital in the neighborhood of Tampa Bay have been pointed out frequently in these columns. It is needless in this paper to repeat what has already been said. In connection with this topic, however, it is to be observed that the issues of this present war will indefinitely extend and multiply the resources and the opportunities of the country. Already it is foreshadowed that the end of the war will by no means find the United States occupying

Digitized by Google

the same position as at its beginning. Broadened vistas are presenting themselves to our astonished gaze in every direction. Without in the least pretending to forecast the future, it is, nevertheless, reasonable to believe that many new avenues of trade will be opened to the people of the United States. It is just as reasonable to suppose that American energy will be found equal to embracing its opportunities. We intend no political allusions, but refer solely to commercial enterprise. Many markets will be thrown open which have been heretofore practically closed. To speak of matters near at home we all know that the capabilities of Cuba and Porto Rico have never been properly cultivated. The products of these two islands alone will at no distant date bring fortunes into the hands of our merchants. A commerce which formerly flourished with the West Indies will be revived and expanded to the rich remuneration of all concerned. A significant fact of the times is to be found in the recent announcement that the Government of this country is making arrangements to establish six signal stations at as many different points in the Caribbean Sea. These vast bodies of water, the Gulf of Mexico and the Caribbean Sea, are about to assume an importance in the commercial history of the world which they have never yet possessed. It is probable that in most material respects they will surpass the Mediterranean. The student of history is well aware of the great part which the Mediterranean Sea has played in the lives of the peoples who inhabit its shores. From the time of Phœnicia and Carthage to the present day, rich cities have graced its borders. What the inland sea has been to Europe, the Gulf and the Caribbean will be to America. With the opening of the Nicaraguan canal the Atlantic will communicate with the Pacific and a new world route will be opened. Upon this world route of travel and exchange the neighborhood of Tampa Bay occupies a choice position. This is the fortunate gift of Nature and not the artificial plan of man. St. Petersburg has been placed in such a position that she will participate in all the movements of expansion to which this country is destined.

Abstracts.

Lupus of the Lachrymal Passages.

At a meeting of the French Society of Ophthalmology M. V. Morax described a case of double lachrymal tumor associated with a nasal lupus, the diagnosis of which was established by the histological examination and inoculation of a guinea-pig. The double lachrymal disease was the only manifestation pointing to the presence of lupus of the nose. The frequency of facial lupus beginning in the lachrymal region and extending to the cheek should make us suspect in such cases that the lupus commences in the nasal mucous membrane and propagates itself to the lachrymal passages and thence to the skin in the vicinity of the lachrymal sac. The frequency of the lachrymal disease upon both sides may of itself in the absence of experimental demonstration lead us to consider the nasal mucous membrane as the point of departure of the tuberculous process.

M. Morax quoted in support of that interpretation the case of a young man, 20 years of age, who had been troubled with lachrymation upon both sides since his fifteenth year. The affection had been treated by catheterism, injections, and finally by curettage of the lachrymal sacs. This operation had left in its train an almost complete obstruction of the lachrymal passages and upon the left side there persisted a small fistula which was finally obliterated but was followed by a very circumscribed cutaneous lesion, covered by a crust and which no method of treatment seemed to benefit. This small lesion was removed in the length of the naso-orbital groove, leaving at the spot which it originally occupied a whitish linear scar. The injection of one

Digitized by Google

very small dose of tuberculin showed that the disease was of tuberculous character and the local reaction brought into view a discrete lupus infiltration of the nasal mucous membrane and bacillary lesions of the cervical glands. There was no pulmonary localization in this patient.

In another case the patient was also a young man, 23 years of age, in whom the existence of a bacillary cervical adenopathy excited a suspicion of the nature of the double lachrymal affection from which he suffered. On one side the lachrymal sac had been curetted; on the other there had occurred an acute inflammatory attack followed by the production of a fistula in the neighborhood of the sac. This fistula was finally closed simply by dilatation of the nasal canal. Inoculation of a guinea-pig with a piece of the mucous membrane of the lachrymal sac proved the tuberculous nature of the lachrymal inflammation.

It is, therefore, always necessary to think of tuberculosis in youthful patients having disease of the lachrymal passages.—La Médecine Moderne.

Disorders of Hearing and Smell of Cerebral Origin.

At a meeting of the French Society of Otology and Laryngology M. Collet of Lyons reported the case of a patient who was attacked by Bright's disease and in whom occurred a left-sided hemiplegia with loss of hearing upon the left side and left lateral hemianopsia. On the other hand the sense of smell was abolished on the right side. The autopsy showed that there was softening of the right cerebral hemisphere involving the internal capsule, both segments of the lenticular nucleus and extending to the depth of the frontal lobe. This case shows: (1.) That hemianopsia may be produced by a capsular lesion, if there were any need to demonstrate this assertion. (2.) That a capsular lesion produces abolition of hearing upon the opposite side; the auditory fibres pass through the internal capsule and decussate, a fact known to anatomists but almost destitute of anatomo-clinical proofs. (3) Unlike the auditory fibres, the olfactory do not decussate, or at least the most important of them have a direct course; they pass from one hemisphere to the corresponding fossa. (4.) These demonstrations furnish the elements of a possible diagnosis between hysterical sensitivo-sensorial hemianæsthesia and that dependent upon organic lesion; in the latter case the disorders of smell are upon the side opposite to the disturbances of hearing and general sensibility.—La Médecine Moderne.

Gonorrhœal Phlebitis.

At the French Congress of Medicine MM. Montex and Lop of Marseilles related the case of a young man, 20 years of age, not rheumatic, who, on the twenty-first day of a clap, was attacked by phlebitis of the right internal saphena, accompanied by chills and fever. He had already an arthritis of the right ankle which dated from the fifteenth day of the discharge. The inflammation of the vein lasted five weeks with painful œdema of the limb.—La Médecine Moderne.

Two New Symptoms of Chlorosis.

Professor Golouboff has recently described two new symptoms which he has very often observed in chlorosis. Splenalgia or pain in the splenic region is met with, according to this author, in eight or nine cases out of ten. The pain is generally so extreme that it is the first symptom of which the patients speak. M. Golouboff, therefore, regards it as pathognomonic.

The pain is sometimes localized in the spleen itself, probably in the capsule, to which the splenic nerves furnish sensory filaments; sometimes, and most often, in the intercostal nerves of the spaces corresponding to the position of the spleen. Intercostal neuralgia, so common in chlorosis, is nevertheless rarely mentioned.

Digitized by Google

Even v. Noorden says nothing of neuralgia in his remarkable monograph upon chlorosis published last year. Hayem and Hoffmann, it is true, allude to its much greater frequency upon the left side, but do not remark that it attacks precisely those spaces which correspond to the situation of the spleen. Canstatt alone speaks plainly of splenalgia. Sometimes, though more rarely, there is also pain in the ribs.

V. Noorden, Rosenbach and others look upon these pains as due to tramatism. The corset, however, exerts pressure likewise upon the right ribs, but the patients do not complain of pain upon that side, and, moreover, they experience bone-pains in places not subject to pressure by the corset. In view of the hypertrophy of the spleen which has been observed by numerous authors in chlorosis and the changes of which the organ is the seat in these cases M. Golouboff is inclined to believe these intercostal pains in the splenic region to be of reflex character allied to the pain in the spleen itself, the painful sensation being transmitted by communicating twigs between the great splanchnic nerve and the intercostal. In fine, splenic neuralgia in the course of chlorosis is very analogous to the left intercostal neuralgia which so frequently accompanies disease of the heart.

Another symptom, not less frequent in chlorosis and chloranæmia, is pain in the length of the bones, especially the tibiæ. Upon examination of the patients it is generally found that even energetic pressure upon the skin and periosteum does not produce pain, but on the other hand percussion is extremely painful in consequence of the commotion of the bone which it causes.

It is probable that this symptom should be placed under the head of the alterations which the bone-marrow undergoes in chlorosis, for it is very similar to the pain of osteomyelitis. These medullary alterations in the course of chlorosis are clearly recognized. Osteomyelalgia consecutive to infectious diseases has been encountered, and Golouboff himself has observed them after severe grippe and pneumonia, due probably to the extension of the morbid process to the bone-marrow. The osteomyelalgia of chlorosis and chloro-anæmia should be analogous to infectious osteomyelalgia.

Both splenalgia and osteomyelalgia yield to energetic martial therapy.—La Médecine Moderne..

Successive Attacks of Scarlatina in the Course of Grippe.

At a meeting of the French Congress of Medicine MM. Monteux and Lop of Marseilles reported the case of a youth 17 years of age, who, for eighteen days, presented the symptoms of grippe. On the eighteenth day a typical eruption appeared and developed normally but a week later; when desquamation was in full progress, a fresh eruption occurred which progressed for the next three days in successive attacks, each of which was accompanied by chills and fever. Recovery finally took place without further accident than a hæmorrhage from the bowels and a sore over the sacrum, the regions occupied by the exanthem being the seat of a desquamation as intense as upon the first occasion. The case was probably one of scarlatina, abnormal as regards the eruption, which developed by several waves, as in some instances observed by Sanné.

The post-infectious exanthems and the desquamative scarlatiniform eruption of Besnier and Brocq can be eliminated. There could be no question of a relapse or false relapse.—La Médecine Moderne.

Hypertrophic Vegetating Syphilide of the Face.

At a meeting of the French Society of Dermatology and Syphilology MM. Emery and Glantenay said that syphilitic lesions presenting the above character are far from rare, particularly around the vulva, anus and in the axilla, where the initial lesion

Digitized by Google

of syphilis is influenced by the more or less permanent contact of irritating secretions. These secretions may determine a trivial inflammatory irritation of proliferating tendency superadded to the original specific lesion, but their localization upon the face has been very seldom witnessed and the rarity of the fact constituted the interest of the case which they reported. It is admitted that in this case one of the specific elements being situated near the nares, which was the seat of a chronic coryza, may be regarded as under similar conditions to those which obtain around the vulva, etc.—La Médecine Moderne.

Localized and Symmetrical Ichthyosis.

At a meeting of the French Society of Dermatology and Syphilology MM. Hallopeau and Guibal spoke of a case of ichthyosis hystrix in which the lesions were limited to the head and limbs. They ceased at the upper part of the thighs and arms by a defined and sinuous contour which remained distant from the root of the limb. The symmetry between the disease on each side of the body was perfect. This fact disaccords with the opinion of Tommasoli who describes ichthyosis as an auto-intoxication. On the contrary, it favors the theory which ascribes this deformity of the integument to an anomaly in the embryonic development of the epiderm.—La Médecine Moderne.

Lesions of the Optic Nerve in Hereditary Syphilis.

At a meeting of the French Society of Dermatology and Syphilology M. Sauvineau said that in addition to choroidoretinitis and pigmentary epithelial retinitis lesions of the optic papilla and pigmentary alterations are frequently met with in the victims of hereditary syphilis.

Certain authors, as M. Antonelli, of Naples, consider all these various lesions as characteristic marks of hereditary syphilis. Pigmentary modifications, however, are regarded as simple anomalies, are often observed in subjects not syphilitic and should be looked upon as a simple sign of degeneration.

It is altogether different with lesions of the optic nerve. These, which are more or less marked but always manifest traces of optic neuritis, are never encountered in healthy persons, but, on the other hand, are so common in hereditary syphilitics that it is rational to connect them directly with that disease whether the syphilitic infection has caused a peripheral neuritis or has involved the optic nerve through the intervention of a bacillary meningitis.—La Médecine Moderne.

Puerperal Scarlatina.

At the Congress of the French Obstetrical Society M. Tissier of Paris said that certain authors, as Helm, Schröder, Winckel and Mackness, considered the scarlatinaform eruptions occurring in puerperal women as an expression of generalized uterine infection. Others, as B. Hicks, Barnes, etc., admit that the poison of scarlet fever may produce the accidents of puerperal infection and that there is a confusion of the two elements. Guéniot believes, indeed, that the disease is scarlatina, but in a modified or attenuated form to which he applies the name scarlatinoid. Most of the pathologists and accoucheurs, as MacClintock Lorain, Olshausen, Siredey, L. Meyer, Boxwal and Renvér, concede that the affection is a true scarlatina appearing after an incubation of variable duration upon the occasion of accouchement which has the effect of a traumatism. This last opinion, admitted as a principle, is often invalidated when each particular case is examined. M. Tissier has been able to follow at the Maternity of the Hôpital Saint Antoine a woman who seemed to him to have presented a typical and incontestable example of true scarlatina. The case could not be one of infectious exanthem, medicinal rash, grippal eruption or scarlatinoid. The char-

Digitized by Google

acter of the rash, the gravity of the disease, the existence of sore throat, the articular pains, the manner in which desquamation proceeded, etc., and, finally, the bacteriological analogy of the genital secretions on the one hand and of the blood on the other appeared to establish the precision of the diagnosis.—Le Progrès Mèdical.

Grippe and the Puerperal State.

At the Congress of the French Obstetrical Society MM. Bar and Boulle of Paris stated that they had observed last winter during the prevalence of grippe in Paris 50 cases of grippe in pregnant or parturient women. It may, therefore, be said that grippe is a serious complication of pregnancy and parturition.

Among 40 pregnant women grippe assumed the nervous form in 1 case, the gastro intestinal form in 2 cases, and in all others the respiratory type. It is, consequently, broncho-pulmonary grippe which is most frequently observed during pregnancy, and in these cases the pneumococcus is the pathogenic agent generally present. In one woman, attacked by grippe during pregnancy, there occurred, after delivery, a pyelitis of the right side due to the coli bacillus. Out of 34 patients suffering from the respiratory manifestations of grippe the course in 33 was uneventful to the time of delivery, and in 4 cases there were complications. Two were cases of pneumonia cured before delivery (pneumococcus), 1 was a case of pneumonia with otitis and meningitis due to pneumococci and causing death a few hours after accouchement; 1 was a fatal case of pleuro-pneumonia occurring 3 days after delivery. In fine, grippe is serious during pregnancy, and that condition appears to aggravate the prognosis of the pneumococcus infection. Grippe has a certain, though feeble, influence upon the course of pregnancy. In 2 cases metrorrhagia was noticed but without abortion. When grippe occurred in the later months of pregnancy premature delivery took place. In a few rare cases artificial delivery was required on account of adherent placenta.

In 30 of the cases grippe existed already during pregnancy and was still present during the lying-in period. In 10 cases grippe only began after delivery. At this period the complication is very serious. Out of 30 cases in 8, or 26 per cent., there were very grave manifestations. In 23 cases grippe, although benign during pregnancy, became worse after delivery. In one case there was streptococcus uterine infection; there were 3 cases of pneumonia with 2 deaths; 1 case of phlebitis of the external jugular and cephalic with cure; 1 case of pneumonia and at the autopsy streptococci were found in the uterus and there was endocarditis due to pneumococci. In 1 case where symphyseotomy was performed, the grippe, benign during pregnancy, became more severe after accouchement; the woman had pneumonia and purulent infection, but recovered. To conclude: grippe is a serious complication during pregnancy, but more dangerous after delivery. Pneumonia, endocarditis, phlebitis and purulent infection may occur. Grippe, benign during pregnancy, may be aggravated during the lying-in period. If the grippe does not begin until after delivery it is exceedingly grave. Out of 10 cases there were noted 5 of broncho-pneumonia with phlebitis.—Le Progrès Médical.

Lymphangiectasis of the Bulbar Conjunctiva.

At the Congress of the French Society of Ophthalmology M. Jocqs of Paris related the clinical and anatomo-pathological history of a case of cystic degeneration of both bulbar conjunctivæ. The patient was a girl of 17 years, who had upon the bulbar conjunctivæ of both sides an innumerable quantity of small miliary cysts. The corneæ were so turbid that the patient could not work and was scarcely able to walk. The submaxillary, parotid and pre-

Digitized by Google

auricular glands were engorged and enlarged. The face was œdematous and had an elephantiastic aspect. Microscopical examination of an excised portion demonstrated that the very small and numerous cysts were dilated lymphatic vessels. The treatment was by excision of a centimetre (about one-third of an inch) all around the cornea. Subsequently massage was practiced and calomel given. At the end of a month there was very notable amelioration. The patient could resume her work.—La Médecine Moderne.

Therapeutic Notes.

Amyloform and Dextroform.

A new substitute for iodoform has recently been prepared by Professor Classen, of Aix-la-Chapelle, which he names "amyloform," and which consists of a combination of formaldehyde with starch. It occurs as an almost impalpable white powder, devoid of all smell, and insoluble in ordinary menstrua. In contact with the tissues of the living body, however, it breaks up, and when it was applied to extensive suppurating wounds formaldehyde could be detected in the purulent discharge. However much amyloform is applied, no toxic symptoms are produced, though a slight and transient smarting sensation is sometimes complained of locally. The clinical effect of the substance is very similar to that of iodoform, only it is frequently more pronounced. In a number of cases of deep wounds with suppuration of bone from osteomyelitis or tubercle, a quantity of the powder very liberally applied caused the suppuration to cease in a very short time,—in some instances where iodoform had previously been tried without much result. In varicose ulcers of the leg and in the primary sore of syphilis amyloform also proved useful. It has been mentioned that amyloform is insoluble, but a very similar substance has been prepared from dextrin instead of starch, which Classen calls "dextroform," and this is dissolved without much difficulty by both water and glycerin. In 5-, 10-, or even 20-per-cent. its solution has proved very useful, as in injection in gonorrhœa, and the former of these solutions has been employed with success for washing out the cavity of an empyema. Internally the solution has been prescribed with advantage in a case of cystitis.—Journal Amer. Med. Assoc.

Gonorrhœal Rheumatism.

℞ Ext. colchici acet.,
Ext. opii aquos, gr. xv.
Potass. iodid., ʒ iv.
Potass. acet., ʒ ij.
Aq. dest., ℥ iiiss.
Vini albi, ʒ iv.

M. Sig.: Gtt. xx t. i. d.

℞ Ext. colchici acet., gr. x.
Pulv. ipecac. comp.,
Pulv. digitalis,
Ext. colocynth. comp., of each, gr. xj.

M. et ft. pil. No. xii.

Sig.: One pill twice or thrice daily (where the more acute symptoms have subsided).—Halford, in Medical and Surgical Reporter.

Varalettes.

Bishop's varalettes embrace such remedies as are most advantageously administered in solution. They dissolve rapidly and completely, with brisk effervescence, producing a clear and palatable draught.

A great advantage of the varalette over the ordinary compressed tablet is that perfect solution is obtained, thus insuring the immediate and full activity of the medicament, as well as absolute accuracy of dosage, on which account physicians give them the preference. The list of varalettes includes: antipyrine, antipyrine and caffeine, lithia

Digitized by Google

citrate, piperazine citrate, sodium bromide, bismuth and ammonia citrate, etc.

Sparteine.

Sparteine may be used hypodermically or externally as a local anæsthetic. Geley and Testevin have employed it in a 1 to 20 aqueous solution of the sulphate in various forms of neuralgia. Of this solution 1 cubic centimetre (= 15 minims = $^3/_4$ grain of sparteine) is thrown under the skin. In some cases it answers to apply the solution to the surface, covered with cotton and a bandage.—La Médecine Moderne.

Gonorrhœa.

Vatter prescribes the following:—

℞ Hydrastine bichloride, 3 $^3/_4$ grains.
Antypirine, 375 grains.
Distilled water, 6 $^1/_4$ ounces.

M. Four injections daily, to be retained as long as possible. The antipyrine serves to stay the smarting.—New York Medical Journal.

Amylolytic Ferments.

In an article on this important subject by Wyatt Wingrave, M.R.C.S.Eng. (Assistant Surgeon to the Central London Throat and Ear Hospital), in the London Lancet, May 7, 1898, we are informed of a personal necessity that arose in the writer's experience for a reliable starch-digestant. A crucial comparative examination was therefore made of many malt extracts and of taka-diastase, the tests being conducted both chemically and clinically.

He summarizes briefly: 1. That taka-diastase is the most powerful of the starch or diastatic ferments and the most reliable, since it is more rapid in its action; *i.e.*, "it will convert a larger amount (of starch) in a given time than will any other amylolytic ferment." 2. That taka-diastase seems to be less retarded in its digestive action by the presence of the organic acids (butyric, lactic, acetic), and also by tea, coffee, and alcohol, than are saliva and the malt-extracts. This is an important point in pyrosis. 3. That all mineral acids,—hydrochloric, etc.—quickly stop and permanently destroy all diastatic action if allowed sufficient time and if present in sufficient quantities. 4. That taka-diastase and malt-diastase have, like ptyalin, no action upon cellulose (uncooked starch). All starch food should, therefore, be cooked to permit of the starch-ferment assisting nature in this function.

Vomiting of Pregnancy.

Dr. Luther Sexton, of New Orleans, recommends in the Virginia Medical Semi-Monthly:—

℞ Cocaine hydrochlorate, gr. j.
Bismuth subnit, ʒiv.
Milk magnesia, ℥ij.
Aq. lauro cerosi,
Aq. cinnamoni, of each, ℥ij.

M. Sig.: Two teaspoonfuls every hour or two apart.

Typhoid Fever.

Zangaard orders:—

℞ Powdered camphor, grs. 8-10.
Expressed oil of almonds, ʒiiss.
Powdered acacia, gr. 75.
Decoction of cinchona (from 75 grs.), ℥v.
Syrup of balsam of Peru, ℥j.

Make an emulsion.

Sig.: A tablespoonful every two hours. —Amer. Med.-Surg. Bulletin.

Xeroform.

Dr. Heinrich Paschkis, of Vienna, has used xeroform in over one hundred cases of the most varied kinds, including ulcerations of all sorts, eczemas, and various other skin diseases.

Digitized by Google

The mode of application was very simple. After cleansing the surface of the ulcerations with a wad of cotton the xeroform was dusted on with a camel-hair brush, two to four layers of absorbent gauze placed over it, and the whole, when necessary, dressed with cotton and a bandage. Bandaging was dispensed with when the ulcerations were seated upon the glans, the inner surface of the prepuce, or the sulcus coronarius. Burns were dressed in exactly the same way. In eczemas and other skin diseases the excoriated areas were either treated in the same manner or they were first powdered with the xeroform and then covered with an indifferent salve or Lassar's paste.

Migraine.

The following formula emanates from A. Robin:—

℞ Antipyrine,
Potassium bromide, of each, gr. viij.
Cocaine hydrochlorate, gr. 1/6.
Caffeine, gr. 1/3.
Powdered paulinia sorbilis, gr. ivss.

—Le Progrès Médical.

Tinea Tonsurans.

Dr. Herman B. Sheffield, in the New York Medical Journal, recommends:—

℞ Acidi carbol.,
Olei ricini, of each, 110.0.
Tinct. iodini,
Olei petrolei, of each, 65.0.
Olei rusci (German), q. s. ad 500.0.

The hair is clipped close and the mixture thickly applied by means of a paint brush once every day for five successive days. On the sixth day the application is to be wiped off with a rag dipped in olive-oil, the hair clipped again, and the scalp washed thoroughly with green soap and a soft nail-brush. This process is to be repeated regularly for three or four weeks, and it is to be then followed by the application of a 10-per-cent. sulphur ointment for a few days. Finally, the following lotion is to be used for two weeks:—

℞ Resorcin,
Acid. salicylic., of each, 16.
Alcohol, 120.
Ol. ricini, q. s. ad 500.

The Treatment of Spermatorrhœa.

The Journal de Médecine de Paris attributes the following formula to de Sinéty:—

℞ Extract of belladonna, powdered belladonna, of each, 3 grains.
Conserve of roses, a sufficiency.

M. Divide into ten pills.

If the emissions are the result of spasm of the seminal vesicles, from 1 to 3 of these pills should be taken on going to bed; or, instead, 3/4 grain of camphor or 1 1/2 grain of lupulin may be taken, or potassium bromide in daily amounts of from 15 to 60 grains.

If the spermatorrhœa proceed from atony of the seminal vesicles, on the other hand, cold enemata should be employed, also cold jet douches of from 10 to 20 seconds' duration. In addition, one or two doses of the following powder should be taken with the morning and evening meals:—

℞ Freshly-powdered ergot, 1 1/2 grains.
Powdered nux vomica, 3/10 grain.

M. For one dose.—New York Medical Journal.

Pruritus Ani.

Le Progrès Médical attributes the appended formula to Penzoldt:—

℞ Sodium hyposulphite, gr. ivss.
Carbolic acid, 3i 1/4.
Glycerin, 3v.
Distilled water, 3xiv.

M. Sig.: For external use. Apply frequently upon saturated compresses.

Digitized by Google

Toothache.

℞ Quinine sulphate, gr. ij.
Hydrobromic acid, gtt. xv.
Tincture gelsemium, gtt. xv.
Syrup, ℥ss.
Distilled water, ℥j.—M.

Salicylate of Sodium in Toothache.

Dr. Frederick C. Coley believes salicylate of sodium to be the best remedy in toothache arising from catching cold. A dose of 15 grains will usually relieve the pain promptly, and if repeated every four hours the inflammation may entirely subside, leaving the carious tooth to be disposed of according to circumstances. Fifteen grains of sodium salicylate, with 15 minims of tincture of belladonna, will often procure refreshing sleep instead of a night of agony. —New York Medical Journal.

Impetigo.

Dr. Sabouraud highly esteems the following formula:—

R Water, ℥ vj.
Camphor to saturation with water, q. s.
Copper sulphate, ℥ss.
Zinc sulphate, ℥i ¾.
Saffron, gr. vj.

—Le Progrès Médical.

Viola Sagitata, or Husa.

Dr. W. W. Winthrop, of Fort Worth, Texas, writes, in the Texas Courier-Record of Medicine, of a drug possessing valuable properties. It is said to be an antidote to snake-poison and a cure for the opium and morphine habit. Dr. Winthrop says: "The viola sagitata has been long known as possessing antidotal properties for snake-poison. The eclectic school of medicine use it for many purposes. Husa, however, is not much known. It is an unclassified plant of a dirty-whitish-green color, about two or three inches long. It has at its summit a ball-like white formation. Where the flower should be, this is hard, slightly lobulated, and is, to all appearances, like a small cauliflower. It grows in clumps in moist, shady places, particularly on the hummocks at the roots of the cabbage-palms. It is of a low order of plants, above the mosses; it is, I believe, a cryptogam. It is possibly indigenous to the everglades, for I hunted for it in vain in many large hummocks in Florida. From Dr. McGregor I learned that it is a perfect antidote for all snake-bites, stings of insects, etc.; also an antidote for narcotic poisons. It is the most diffusible stimulant known, acting immediately. It is owed to these last two mentioned properties that it has been found to be so efficient a remedy for the opium habit. I have tested it beyond question, and in every case, without one single exception, it is found to be a perfect cure. It takes the place of opium or morphine. Supporting the patient fully, it is sedative, but not narcotic. It produces slight elation, but no somnolent effect."

A Means of Emptying the Bladder.—Anderson (Louisville Medical Monthly, June) says that the bladder, when partially paralyzed from parturition or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter, a most important consideration, particularly when the patient lives at a distance from the doctor.

After difficult and protracted labors he has been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to himself. Since using the plan here recommended, he has had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Aug., 1898.

THE USE OF SQUILL IN DISEASES OF CHILDREN.

THE chief value of medical societies and medical journals is the fact that they allow us to compare our methods and results with those of others, to correct or supplement our individual experience with that of our fellow practitioners in every part of the civilized world. In the line of our work we have accordingly called the attention of our readers from time to time to an excellent series of papers published by Dr. J. Comby in our esteemed exchange, La Médecine Moderne. Dr. Comby has an international reputation as a writer upon diseases of children and any production of his pen is, therefore, well worth perusal.

In a recent number of the journal to which we have referred we find an article, short and practical, by Dr. Comby upon the applications of squill in children's diseases. (Lá scille en médecine infantile par J. Comby. La Médecine Moderne, 15 Juin, 1898.)

In beginning his paper, the author alludes in passing to the antiquity of the use of this drug, which is praised in the works of Hippocrates, Galen, Pliny and Dioscorides. He then passes on to describe its physiological action. It is a strong local irritant. Upon the skin and mucous membrane it is capable of causing destructive inflammation. Taken internally in excessive amount squill produces vomiting, diarrhœa, salivation, convulsions, paraplegia, elevation of temperature, dilatation of the pupils and palpitation. In toxic doses it does not cause diuresis. The action of the heart is at first accelerated, then made irregular and may be arrested. Death occurs by syncope or collapse. In non-poisonous but rather large doses it acts as an emeto-cathartic, produces nausea and some diarrhœa, retards the pulse and respiration and causes diuresis. Its diuretic effect is characteristic of the drug. Secondarily it is nauseant and expectorant, sialogogue, a cardiac and pulmonary sedative. Squill appears to be a poison to the nervous system and affects the heart and lungs through its influence upon the medulla oblongata.

In therapeutics the chief value of squill, according to M. Comby, is as a diuretic, its emetic and sedative properties being of secondary importance. Ever since the drug was known the efficacy of squill in dropsy has been celebrated. It is prescribed in all varieties of cardiac dropsy. Squill possesses with digitalis the property of strengthening the beat of the heart. It is not equal to digitalis as a heart tonic but is superior as a diuretic. Both drugs may be advantageously combined and in all cases of cardiac debility, organic or inorganic, it is proper to give squill in doses sufficient to cause diuresis but not enough to excite vomiting.

In dropsy due to Bright's disease squill is of no service. Its diuretic properties are not available when the renal barrier is closed. The state of the kidney should always be ascertained before prescribing this drug, and it should be resolutely avoided when there is abundant albuminaria.

In œdema of pulmonary origin and serous effusions of inflammatory origin, pleurisy, ascites, and hydropericardium squill may be employed as a diuretic. It is of value in diseases of the respiratory apparatus, especially subacute or chronic bronchial catarrh and whooping cough, in which the expectorant and liquifying properties of squill answer a good purpose. It is contra-indicated in nephritis, pulmonary tuberculosis, hæmorrhages, paroxysmal and painful nervous conditions and in gastro-enteritis. Squill may be used in acute infec-

Digitized by Google

tious maladies accompanied by insufficient secretion of urine, pneumonia, etc.

In prescribing M. Comby prefers to use the powder. Unfortunately it is very hygroscopic, and in order to preserve it some sugar of milk should be added. Our author gives it in daily doses of one centigramme (five-sixths of a grain) for each year of age. In broncho-pulmonary affections he may combine it with sulphur.

Dr. Comby finds that the use of squill is attended with but little danger and that the drug is easily managed. It may be employed as a *succedaneum* to digitalis, as it is free from the disadvantages of intolerance and accumulation which belong to the latter substance and its use may be maintained for a long time.

Squill is particularly indicated when pressure is high in the veins and low in the arteries and serum transudes into the meshes of the connective tissue, the serous cavities, and the parenchyma of organs.

THE AMERICAN MEDICAL ASSOCIATION.

THE forty-ninth annual meeting of the American Medical Association, held in the city of Denver in the early days of June, was a very important and very enjoyable occasion. Our Western brethren amply fulfilled the promises which they made to the East in Philadelphia last year, and it is safe to say that seldom, if ever, has a more successful meeting occurred.

Denver is a beautiful city and located amid majestic surroundings. In fine weather the view of the surrounding mountains is glorious. The climate when at its best is one of the most delightful which can be imagined, and perhaps has no superior of its kind on this sublunary sphere. When such scenery and such climate are conjoined, we need not wonder at the superabundant energy so characteristic of Denver and Colorado. Unfortunately, during the meeting of the association it was by no means at its best, but, on the contrary, was exceptionally stormy and changeable. Whatever was lacking in the weather, however, was more than made up by the hearty hospitality of the hosts. The public and private entertainments, the various excursions, and all other provisions for the entertainment of visitors from a distance must certainly be regarded as a conspicuous success. While we speak of success, also, we must include the scientific work of the association. The attendance upon the meeting was very large, upward of sixteen hundred members being registered, many men of prominence from every part of the country were present, and many excellent papers were read and freely discussed. The work of the sections was carried on with interest and profit.

The president of the assembly, Dr. Sternberg, was, unfortunately, unable to be present on account of the pressure of his military duties at this time of war. His address was read by Dr. Woodhull, of the United States Army. Many others besides the Surgeon-General of the Army were absent in their country's service.

The president's address was an admirable exposition of the spirit of scientific medicine. He exposed the ignorance or unprogressiveness which gives support to the antivivisection and antivaccination movements, pointing to the fact that even certain members of our profession are to be found in those camps. Such physicians illustrate the fact that some mental peculiarity prevents them from justly estimating the value of scientific evidence. There are, indeed, few physicians who deny the efficacy of vaccination, yet there are a few, and among them are some who have won great reputation in some branches of medical study. The vast majority of physicians recognize the immense services which vivisection has rendered to scientific medicine in the past and the brilliant prospects which it holds out for the future. These experiments take obscure problems out of the domain of pure conjecture in which they would always remain obscure and unsettled. They bring

Digitized by Google

unsolved questions into the light of scientific investigation, and study them by the aid of demonstrated facts, and not by speculations which can never be proved. Most men accept these statements as an integral part of rational medicine to-day, as, indeed, they are. On the other hand, very few practitioners take any part in the actual practice of vivisection. They are content to leave the work in the hands of those who are trained, not only in the art of experimentation, but who are also equal to the more important and more difficult task, viz.: the interpretation of the facts which experiment has elicited. The majority of physicians, although their time may be principally occupied in the so-called practical duties of their profession, warmly sympathize with every effort to widen the scientific basis. They are deeply imbued, moreover, with the modern idea of unlimited freedom of investigation. Against this general consensus of opinion the voices of a few opponents are of slight significance. The mischief which has sometimes been accomplished by such misguided opponents can, in the opinion of the surgeon-general, best be counteracted by united action on the part of the more enlightened members of the profession in behalf of truth and progress. This action has been exerted in case of the antivivisection bill introduced in the United States Senate. The result shows that when exercised in a just cause the influence of the medical profession is a factor which will not be ignored even by the Senate of the United States.

Dr. Sternberg refers to the great discoveries which have been made during the last few years. These have extended our knowledge of the nature and causes of disease and, in certain notable instances, have vastly improved our therapeutics. While the most conspicuous results have been gained in the case of diphtheria, yet some success has been obtained in the specific treatment of tetanus, streptococcic infection, pneumonia, and even in tuberculosis. Another important fact is stated by Dr. Sternberg in refering to serum- and fissue-therapy. Abel and Crawford have succeeded in obtaining the active alkaloidal substance of the suprarenal bodies in the form of a sulphate.

The speaker next touched upon the subject of prophylaxis: "Here the progress has been even more prolific in practical results. Where thousands have been saved by the timely administration of suitable medicines or by the skillfully-performed operation of the surgeon, tens of thousands have been saved by preventive medicine." The speaker referred to the wonderful advantages which have been gained in the prevention of certain infectious diseases which in former times committed such extensive ravages. Small-pox is undoubtedly the classical example of this success in the prevention of disease. Typhus fever, however, which was an awful scourge in former generations, is now rarely encountered. In concluding his interesting address Dr. Sternberg made mention of the inoculation against cholera devised by Haffkine and the value of Pasteur's method of preventing rabies.

Medical News and Miscellany.

Our Brave Jackies.—It is not likely that anyone will undervalue the qualities of our sailors, but no one need feel the least afraid of giving them too much honor, or of praising them beyond their deserts. Their footing on one of these floating iron-foundries in action is about as secure as that of a parcel of flies on a window-pane when someone hits it with a rock. With the army, a soldier always has the satisfaction of knowing that if he is not victorious he can retreat through several States before he is forced into the Pacific Ocean, but the sailor of our navy has no such consolation. He must either win, or sink in his coffin.—From "The First Bombardment," by Richard Harding Davis, in the July Scribner's.

Digitized by Google

Hæmatospermia. — Kroner describes a case of hæmatospermia, which he considers to be due neither to congestion nor inflammation, but to an alteration in the quality of the blood. A strong man, aged 49, had suffered from eczema many years. Previously to the eczema he had enjoyed good health. In 1895 he noticed blood in his seminal fluid. He had not been subject to hæmorrhages of any description before this time, and did not belong to a family of "bleeders." The urine was free from albumen and sugar. There was no history of syphilis or sexual excess. The semen remained bloody, and in the spring of 1896 signs of scurvy appeared, notwithstanding the patient's satisfactory mode of living. In spite of treatment and change of air, repeated hæmorrhages followed, the cachexia increased, and death took place about half a year from the commencement of the illness. Other cases of hæmatospermia occurring in Professor Klemperer's practice are noted by Lichowetzer. One followed sexual excess in a healthy student, aged 23, and no recurrence took place. The other case was that of a chemist, aged 29; it occurred on sexual intercourse after two years' abstinence. Both these cases seemed to be purely congestive in origin. Other cases are of distinct inflammatory origin, and follow gonorrhœal epididymitis. In a young man with peritonitic symptoms discharges of bloody semen occurred several times. This patient recovered, but with complete azoospermia. Many cases of hæmatospermia are mentioned in French medical literature.—British Medical Journal.

Hobson as a Typical American.—Lieutenant Hobson's startling exploit has been universally praised for its bravery. It gave the country that best reassurance that comes from knowing that it still can produce men worthy of its illustrious founders. For the wealth of every nation in the last resort is to be measured in the character and quality of its young men and women. We are all ready to pay every possible tribute to Lieutenant Hobson's individual force of initiative, high sense of duty, and splendid patriotism. Nevertheless, what pleases us best of all is the belief that Hobson is an American type rather than a wholly unique personality—just as the handful of men who were selected to join him in his hazardous enterprise were typical of the hundreds of other seamen in the fleet who were equally ready to go, many of whom shed tears of disappointment, according to the reports, because they were not selected.—From "The Progress of the World," in the American Monthly Review of Reviews for July.

Dr. Daniel R. Brower.—Dr. Daniel R. Brower, of Chicago, has been given the honorary degree of LL.D. by Kenyon College.

Resignation. — Nathan S. Davis, M.D., Dean of Northwestern University Medical School, Chicago, has, owing to his advanced age, resigned that office.

The Unlettered Learned. — Crudity of diction is not always indicative of crudity of thought. The latter has been longer in the world than language, for the primeval savage was not without the elements of mind, when gestures and grunts were his sole means of expression. To rebel is as human as to err, and he who defies grammar is not necessarily a fool. How often we hear it said, "Oh, he's an uneducated man," and so pay no serious attention to what the "unfortunate" may have to say. It may happen that we suffer more than he does by such assumed superiority. The round of the seasons can effect as much as a college curriculum to an open-eyed man. Not in the same direction, not with equal artistic finish; but he is not wise who sets down the untutored student of the out-door world as little better than a fool. By syntax and prosody we cannot solve the problem of an oak-tree, or that of the minnow in the brook that flows past its gnarly roots. Greek philosophy does not explain the color of a

Digitized by Google

flower, nor Roman sophistry why birds build nests.—Charles C. Abbott, in July Lippincott's.

Caleb Fiske Prize.—The Caleb Fiske Prize of $350 has been awarded to Dr. David I. Wolfstein, of Cincinnati, for his essay on "The Neuron-Theory as Related to Brain and Nerve Disease." For the next year the trustees offer a prize of $250 for the best essay on "The Etiology of Gout."

The Phenomena Produced by Worms.—M. Chauson, in a communication to the Société Médico-Chirurgicale, said that it seems probable that a large number of the accidents produced by parasites of the alimentary canal are of a nature other than merely reflex. M. Chauson says that he has himself seen persons who handled worms in the laboratory become subjects of various eruptions, of conjunctivitis, coryza, abnormal secretions of the nose and ears, pharyngitis, aphonia, etc. These phenomena he considers as manifestly produced, sometimes by an irritating vapor emitted from the bodies of the animals when cut into pieces, sometimes by direct contact of the worm juices with the parts attacked. He further calls attention to the eruption which not infrequently attends the puncture of hydatid cysts. Less known accidents, but of such a nature as to cause great inquietude to the assistants, are quoted by M. Huchard as attendant upon the simple puncture of a hydatid cyst. M. Chauffard quotes a case of rapid death by asphyxia accompanied with eruption and convulsions, and taking place in twenty minutes after the puncture. From these facts the author concludes that in certain undetermined conditions, the juices of human parasites,—notably hydatids and ascarides,—when absorbed into the system, may produce by their inherent toxicity accidents often serious, and even occasionally fatal. M. Jocqs quoted a case of xanthopsy and impairment of vision in a child where a dose of santonin, by bringing away several worms, effected a prompt cure of those symptoms which he deemed toxic, not merely reflex. M. Henocque pointed out that oxyurides more frequently caused nervous symptoms than ascarides. Several other speakers related cases most of which tended to support M. Chauson's views as to the toxic character of worm symptoms.—New York Medical Journal.

Deformity of the Trunk in Sciatica.—Zaniboni contributes an account of two cases illustrating the deformity which may arise in cases of sciatica. This condition, though referred to by different authors, does not seem to have been sufficiently recognized till Massalongo, in conjunction with Zanziboni, made it a subject of study. The condition as described by these authors is not met with in slight cases of sciatica of short duration, but if the disease is at all pronounced or of some duration, it is almost certain to be recognized. This deformity is characterized by rotation of the trunk in such a manner that the costal margin of the affected side approaches the iliac crest with lateral curvature in the lumbar region of the vertebral column, the convexity of which corresponds to the affected side, there being at the same time a curvature in the dorsal region in the inverse sense. This attitude is constantly present, whether the patient is standing, sitting, or lying, more especially should the pain be at all severe. It is accompanied by a certain degree of contraction of the muscles which corresponds to the inferior convexity. It would appear that the deformity does not disappear during sleep, but that it may relax under an anæsthetic. Thus, it would seem that the cause of deformity is pain, the object of the patient being to rest as much as possible on the sound side. The author is of opinion that the prognosis of such cases is much more serious where there is a neurotic history, and that the deformity appears earlier, and is much more likely to be permanent.—British Medical Journal.

A New Point of Election for Revaccination.—Dr. Hoggan Ewart writes to the

Digitized by Google

Lancet regarding a recent experience in revaccination. He says: "During the epidemic of smallpox at Gloucester, being called upon to revaccinate sixty young women, the inmates of an Anglican Home at Malvern, I revaccinated thirty on the scars left by previous revaccination, and the remainder on the normal skin, and found that the cases revaccinated on the old scars took more perfectly than those done on the normal skin. I also observed that in some of the latter cases, in addition to the reaction arising at the seat of the new abrasions, there was in several cases a sympathetic inflammatory action in one or more of the old scars. Calf lymph was used and there was not a failure in the sixty cases." These remarks run directly counter to the advice of Seaton, who, if we read him correctly, says of this operation that "it should be done as far as possible from the arm," meaning, no doubt, as far as possible from the site of the primary (or former) vaccination. His instructions in this matter have not their customary clearness and explicitness. —Journal Amer. Med. Assoc.

Bellevue Hospital. — Dr. Frederick Holme Wiggin has been appointed a visiting surgeon to the hospital.

Ether-pneumonia.—Dr. J. M. Anders, of Philadelphia, said that an analysis of cases occurring in some of the private and public hospitals of Philadelphia shows that ether-pneumonia occurs once in about every 300 cases. The irregularity, slightness or moderateness of the pyrexia in many cases, is one reason why the condition is often overlooked. The micro-organisms giving rise to the pneumonia are probably not usually obtained from the mask or inhaler used, but it is likely that partly dried secretions are loosened by the moisture, in consequence of the increased secretion of the mucosa caused by the irritating effects of the ether, and that they are thus drawn into the lungs. In all the cases that have come under Dr. Ander's own observation, there was bronchitis, coryza or some other inflammatory condition of the respiratory tract before the administration of the anesthetic. Any such predisposing causes should, if possible, be removed first. Most cases occur in cold weather, when perhaps the patient is carried from a warm operating-room through cold corridors, and in many cases probably too much ether is administered.—Philadelphia Medical Journal.

The Girl Was Alarmed.—At a private exhibition of slight of hand, mind-reading, etc., a rosy-faced house maid who had been in attendance upon the party became greatly interested and when not otherwise engaged stood in the doorway and watched the tricks performed by the handsome conjurer.

At his request the girl brought in a very thick shawl, which was placed upon the table. One of the audience wrote upon a scrap of paper a number of three figures, which was placed upon the table under the shawl, face up.

The performer fixed his gaze on the shawl for an instant and said:

"The number is 999."

When the party who had placed the number under the shawl pronounced the statement correct, the girl at the doorway gave one terrified look at the wizard, and with a scream she ran down the hall, shouting as she ran:

"What's the good of me clothes? What's the good of me clothes?"—Practical Medicine.

Johns Hopkins Medical School. — Dr. William Osler will succeed Dr. William H. Welch as Dean of the Johns Hopkins Medical School in October.

American Pediatric Society.—The American Pediatric Society, at its annual meeting held in Cincinnati, Ohio, elected the following: President, W. P. Northrup, New York; first vice-president, G. N. Acker, Washington; second vice-president, Irving M. Snow, Buffalo; treasurer, Edward M. Buckingham, Boston; secretary, S. S.

Digitized by Google

Adams, Washington; additional member of the council, F. Forchheimer, Cincinnati; editor, F. M. Crandall, New York. The next meeting will be held at Deer Park, Md.

A Good Story.—The Atlantic Medical Weekly tells the following:

It is related of Dr. Connor, of Detroit, that he at one time saved the life of a newspaper man who had suffered for years with an attack of something that was akin to consumption, if not that disease. The poor Faber motorneer could not pay the bill when he became a well man, or at least thought he could not, and herein hangs the tale. Dr. Connor kept sending him statements of his account, but for some reason they came back "unclaimed." Now he knew that the young man was working on a Detroit paper as a reporter, so he inclosed the bill, with a rather sarcastic letter, to the fellow, in a plain envelope, addressed properly, and down in a corner wrote "Reporter, Detroit Daily ———. Managing Editor Please Deliver."

Imagine his surprise a day or two later to get the letter back with this written across the face of the bill, "Your manuscript is respectfully declined. Much of it is unfit for publication," and this impudent return bore the reporter's signature.

Another Literary Scientist.—It is, perhaps, not generally known that Professor Charles Richet, who delivered an address on "The Work of Pasteur and the Modern Conception of Medicine" at the annual meeting in Montreal, is a novelist and a dramatic author as well as a physiologist of the first rank. Under the pseudonym of "Charles Epheyre" he has gained a considerable reputation in contemporary French literature. His most successful novel, "La Douleur des Autres," was published in 1896, having first appeared serially as a feuilleton in the Indépendance Belge. Among his other works of fiction may be mentioned "Sœur Marthe," the plot of which turns on the love of a physician for a hypnotizable patient; "Amour de Garnison," "Bonne et Mauvaise Etoile," "A la Recherche de la Gloire," and "Le Microbe et le Mirosaurus." "Charles Epheyre's" last play, "Judith," written in collaboration with M. Octave Houdaille, was produced at the Bodinière Theatre on March 28th, 1898. Professor Richet is also the author of "L'Homme et l'Intelligence" and other works on transcendental psychology, and the editor of the Revue Scientifique.—British Medical Journal.

Scholarships at the Western Pennsylvania University.—The will of the late Felix R. Bonnet, of Pittsburg, Pa., provides that, upon the death of his widow, $300,000 shall go to the Western Pennsylvania University for the endowment of scholarships.

Elected Fellow.—Dr. D. J. Evans, Demonstrator of Obstetrics in McGill University, has been elected a Fellow of the Obstetrical Society of London.

Resignation.—At the end of the session of 1897-8 Dr. M. B. Hutchins resigned his position as Clinical Lecturer on Skin Diseases and Syphilis in the Atlanta Medical College.

Elected President. — Dr. Radcliffe Crocker has been elected to the presidency of the Dermatological Society of Great Britain and Ireland.

Appointed Instructor. — Dr. Wm. H. Wells has been appointed Instructor in Obstetrics in the Jefferson Medical College.

American Medical Editors' Association.—At the meeting of this association held in Denver, June 7, the following officers were elected: President, Thomas H. Hawkins, Denver; vice-president, George H. Simmons, Lincoln; secretary, Dr. Dillon Brown, New York; treasurer, Dr. Alex. Stone, Minneapolis.

Another Consolidation.—We learn from the Buffalo Medical Journal that the medical departments of Niagara University and the University of Buffalo have coalesced to form a single school.

Digitized by Google

Canadian Journal of Medicine and Surgery.—This excellent Canadian periodical comes to us this month with a special greeting on account of the meeting in the city of Toronto, where it is published, of the International Association of Railroad Surgeons. The greeting includes a beautiful three-color supplement and a poem of welcome written by one of the staff, Dr. E. H. Stafford.

Obituary.—In the death of Dr. John A. Larrabee the city of Louisville, Ky., has lost one of its most prominent physicians. Dr. Larrabee was born in the State of Maine but had lived in Louisville for more than thirty years. He was esteemed as a practitioner, author and teacher; was Professor of Obstetrics and Diseases of Children at the Hospital College of Medicine and President of the joint faculties of the medical and dental departments of the Central University of Kentucky.

Fourth International Congress of Physiologists.—The fourth meeting of the above society will be held at Cambridge, England, from August 21 to 26.

Dr. McFarland.—Dr. Joseph McFarland has announced his removal to 421 West Price Street, Germantown.

American Academy of Medicine.—The twenty-third annual meeting took place at the Brown Palace Hotel, Denver, during the meeting of the American Medical Association in that city. The banquet was a very enjoyable occasion. The replies to the various toasts sparkled with eloquence and a most noteworthy spirit of patriotism pervaded the proceedings. The "Star Spangled Banner" and other national songs were rendered during the evening.

In Memoriam of Dr. John Blair Gibbs.—In memory of Dr. John Blair Gibbs, who was one of the first to fall at Guantanamo, Cuba, the Society of the Alumni of Lebanon Hospital, New York, have passed resolutions of sorrow. In order to perpetuate his name for his heroic conduct, and as a token of their esteem and love, they will erect a tablet in the operating-room of Lebanon Hospital.

Honor to a Philadelphia Physician.—Dr. Eugene P. Bernardy, of this city, has been made an "Officier D'Academie" by the French Government, a distinction which gives the bearer the right to wear the "palms."

Removal.—Dr. Herman B. Allyn has removed to southeast corner 42d and Baltimore Avenue, Philadelphia.

Vienna Society of Laryngology.—The following officers have been elected for the present year: President, Professor Stoerk; vice-president, Professor C. Chiari; secretary, Dr. Rousberger; treasurer, Dr. Roth; librarian, Dr. Ebstein; secretaries of meetings, Drs. R. A. Fein, C. A. Bichl and Weil.

Typhoid Fever from Ordinary Streams.—The State Board of Health of Michigan has issued a circular warning persons against bathing in any ordinary stream just below any city, village or other source of sewage or privy drainage. Cases have been reported of typhoid fever being contracted by bathing in streams. Probably this will be more likely to occur through accidentally or carelessly taking the infected water into the mouth.

Consolidation of Medical Colleges.—The Atlanta Medical College and the Southern Medical College have been united into one institution under the title of the Atlanta College of Physicians and Surgeons. The new faculty is composed of selections from both the late faculties.

Removal.—Dr. Clarence A. Veasey has removed to No. 116 South Nineteenth Street, Philadelphia.

Dr. Chandler's Lawn Party.—The fifth annual lawn party given by Dr. Joseph H. Chandler of Centreville, Delaware, to his friends of the medical profession took place on June 23. These very enjoyable occasions have attained celebrity in the neighborhood of Wilmington and Philadelphia.

Digitized by Google

Those summer afternoons spent upon the noble lawn of Dr. Chandler's beautiful home stand out prominently in the recollection of all the participants. The last entertainment was no exception to the rule. Much to the regret of the Editor of THE MEDICAL BULLETIN, he was not present upon this happy occasion, having gone to the Pacific Coast after attending the meeting of the American Medical Association at Denver. From those who were there he learns that the enviable reputation of these reunions was fully maintained. In the spirit of the times the grounds were beautifully decorated with American flags. Dr. Howard Ogle acted as master of ceremonies. Among those present were Drs. J. L. Forwood, of Chester; William H. Hancker, superintendent of the Delaware State Hospital for the Insane; C. S. Reynolds, of Kennett Square, Pa.; Howard Ogle, J. P. Pyle, E. G. Shortlidge, J. P. Wales, H. J. Stubbs, Swithin Chandler, J. A. Ellegood, Jesse Williamson, B. R. Veasey, and others, of Wilmington. The Philadelphia delegation consisted of Drs. Hobart Hare, E. E. Montgomery, W. Joseph Hearn, J. M. Anders, Walter Woods, Judson Daland, Charles Noble, Ernest Laplace, H. C. Wood, Charles H. Reckafus, and J. R. John. After-dinner addresses were made by Drs. Wood, Hare, Laplace, Montgomery, and Hearn.

Corresponding Member. — Dr. Gordon King, of New Orleans, has been elected a corresponding member of the French Society of Otology and Laryngology.

Dr. F. E. Daniel.—We are glad to learn that after an absence of three months, due to severe illness, Dr. Daniel has again resumed his editorial work upon the Texas Medical Journal. We trust that Dr. Daniel's health is thoroughly re-established and that for many years he will be able to wield the editorial pen.

The Memphis Lancet.—We are in receipt of the first number of a new journal having the above title. It has an excellent editorial staff and the present number contains a series of papers by well-known writers. We extend a welcome to the new-comer and trust that it may have a prosperous career.

Dr. J. McFadden Gaston.—We learn from the Southern Medical Record that Dr. J. McFadden Gaston has resigned his professorship of surgery in the Southern Medical College. He expects in the future to devote a large share of attention to the treatment of disease by electricity.

Jubilee of Professor Durante.—Professor Francesco Durante, the distinguished Professor of Surgery, of Rome, Italy, recently celebrated the twenty-fifth anniversary of his appointment to the professorial chair. His pupils were present by hundreds and there was also a large attendance of his colleagues and friends resident in Rome and other parts of Italy.

Dr. Webb J. Kelly.—Dr. Webb J. Kelly, of Gallion, has been elected Professor of the Principles and Practice of Surgery in the Ohio Medical University at Columbus. He has also been appointed one of the surgeons to the new Protestant Hospital, now nearly ready for occupancy in the same city.

Honorary Degree.—It is said that at the International Zoological Conference to be held at Cambridge, England, the honorary degree of D.Sc. will be conferred upon Dr. Henry P. Bowditch, of Boston.

Dr. Daniel Lewis.—Dr. Daniel Lewis, of New York City, editor of the Medical Review of Reviews, was re-elected President of the State Board of Health at its annual meeting.

McClure's Magazine.—The opening article of McClure's Magazine for July portrays the private and official life of President McKinley from the first dawn of the war crisis down almost to the present moment. Only four of our Presidents have had to conduct a war; and how President McKinley conducts one is here related with a most interesting wealth of detail. The illustrations of the article consist of typical war-

Digitized by Google

time scenes in the White House and Departments, drawn from life, and a number of excellent portraits from recent special photographs.

American Association of Genito-urinary Surgeons.—At the meeting of this association, held at West Point, the following officers were elected for the ensuing year: President, Dr. James Bell, of Montreal; vice-president, Dr. Samuel Alexander, of New York; secretary and treasurer, Dr. William K. Otis, of New York. It was decided to hold the next meeting at Niagara Falls, in May, 1899.

The Living Age. — Rene Bazin's novel, "With All Her Heart," Paul Bourget's apt sketches, and Neil Munro's stirring story, "John Splendid," make a remarkable assemblage of serial, copyright attractions for a single year of the Living Age. This is a list scarcely excelled by any of the first-class magazines.

The Twelfth Congress of the Association Francaise de Chirurgie.—The twelfth congress of the Association Française de Chirurgie will be opened at Paris at the Faculty of Medicine on Monday, October 17, 1898, under the presidency of Professor Le Dentu, member of the Academy of Medicine, and Surgeon to the Hospital Necker. The following subjects have been placed on the orders of the day for the consideration of the congress: 1. Nephrotomy, M. Guyon and M. Albarran. 2. The treatment of goître (cancer of the thyreoid and exophthalmic goître excepted), M. J. Reverdin, of Geneva.

Night Photographs of Winter Landscapes.—A series of photographs of Boston Common, made at night in midwinter, is a unique feature of the July Ladies' Home Journal. The pictures were made without the use of artificial light other than that of the street lamps, but they reveal with marvelous accuracy every detail of the snow-covered landscape. While possessing a strong pictorial interest of their own, the pictures are of especial value in revealing the development and possibilities of the photographic art.

The Wood of the Yucca Palm as a Splint Material.—The New York Medical Journal says: Not the least interesting among the products shown at the exhibition held in connection with the recent meeting of the American Medical Association in Denver were samples of splint material consisting of thick veneers cut from the yucca palm of Southern California. Being a palm, the tree is, of course, free from knots. Its wood has the stiffness of pine, and it has the peculiarity that, when wet, it may be molded to any shape, which shape it will retain on drying. We learn that these splints may be obtained of Messrs. George Tiemann & Co., New York.

The Connection of Psoriasis with Gout and Diabetes.—Dr. Karl Grube reviews the literature of the subject and reports nine cases of his own, where psoriasis coexisted with gout or diabetes, or both, and comes to the conclusion that a causal relation between those affections does undoubtedly exist. A point of great interest in the author's reported cases is the following: In most of the cases an acute gouty attack or an increase in the quantity of the excreted sugar would exert an unmistakably favorable influence on the psoriasis. Vice versa in one case, when the sugar was reduced to a minimum, the psoriasis became greatly aggravated.—American Medico-Surgical Bulletin.

Gravity of Generalized Pruritis in Pregnancy.—Whenever there is general pruritis sufficient to cause insomnia, the subject is evidently affected with a serious auto-infection. In every case observed by Pinard and Lutaud the pregnancy was not normal; either the fœtus died or there was eclampsia, or defective insertion of the placenta. The combination of bromid and chloral seems the best medication, although the immediate termination of the pregnancy has been suggested.—The Therapist.

Digitized by Google

Sir William Hingston. — Sir William Hingston, of Montreal, has received the degree of LL.D. from the Ottawa University.

Absence of Internal Organs in Adult; Kidney in Pelvis.—Müllerheim reports an interesting case where the vagina, uterus, and ovaries were apparently absent, the septum between the bladder and the rectum was very thin, and no stricture could be felt in its substance. The patient was a girl, aged 20, well nourished; the mammæ, pubes and vulva were normal. On rectal examination the right kidney could plainly be felt in the pelvis. The outline of the hilum was clear, and lay uppermost. No pulsation could be felt in its neighborhood, but it is significant that a pulsating vessel could be traced into its convex border, which lay lowest. Müllerheim demonstrated a pelvic vessel running in this manner into a congenitally displaced kidney a year ago. No kidney could be detected in the right loin. He catheterized the ureters with great care. When the end of the instrument lies in a ureter, the urine flows out irregularly; when it lies in the renal pelvis it escapes continuously. He therefore passed one catheter just into the vestical orifice of the ureter, and measured the length of the portion still outside the bladder. Then he passed the catheter onwards till urine flowed continuously. The portion of the catheter outside the bladder was once more measured. The difference from the first measurement represented the length of the ureter. This ingenious method was applied to both sides, and the right ureter was found to be nearly 4 inches shorter than its fellow. —British Medical Journal.

Honorary Degree.—Sir William Turner, President of the General Medical Council, received the honorary degree of LL.D. of Cambridge University, in company with the President of the Royal Academy, the Master of the Rolls, Sir Henry Irving, and several other distinguished representatives of the arts and sciences.

Northwestern University Medical School. —Dr. Frank S. Johnson has been elected dean, vice Dr. N. S. Davis resigned; and Dr. N. S. Davis, Jr., has been elected secretary.

Dr. Horace Tracy Hanks.—The Honorary Degree of LL.D. has been conferred upon Dr. Horace Tracy Hanks, of New York, by the University of Rochester.

Book Reviews.

System of Diseases of the Eye. By American, British, Dutch, French, German and Spanish authors. Edited by William F. Norris, A.M., M.D., and Charles A. Oliver, A.M., M.D., of Philadelphia, Pa., U.S.A. Volume III. Local Diseases, Glaucoma, Wounds and Injuries. Operations. With 50 full-page plates and 186 text illustrations. Philadelphia: J. B. Lippincott Company, 1898.

Some of the contributors to this volume are Charles Stedman Bull, of New York, who writes of diseases of the orbit; George C. Harlan, of Philadelphia, who treats of diseases of the eyelid; Swan M. Burnett, of Washington, who describes diseases of the sclera; Isidor Schnabel, of Vienna, to whom is due a paper on staphyloma posticum and myopia; Joseph Schöbl, of Prague, to whom diseases of the retina were allotted; Johann Deyl, of Prague, who deals with diseases of the optic nerve; Priestly Smith, of Birmingham, England, to whom the subject of glaucoma has been assigned; and Herman Knapp, of New York, who delineates the operations usually performed in eye-surgery. These and other articles contained in this volume are carefully prepared and are well adapted to fulfill the purposes for which they were written. The translators have performed their part of the work with commendable success. The lithography is most excellent and the colored illustrations are beautiful. The different contributors to volume iii have possessed

Digitized by Google

the art of presenting the salient facts and principles of their subjects with clearness and perspicacity. In outline and in detail this work seems to have been planned and executed with unusual ability. We know of no work on the subject which we can more heartily recommend.

A Manual of Modern Surgery, General and Operative. By John Chalmers Da Costa, Clinical Professor of Surgery in the Jefferson Medical College, Philadelphia, etc. With 386 illustrations. Philadelphia: W. B. Saunders, 1898. Price, $4.00, cloth; $5.00, net, half-morocco.

The issue of a second edition of Da Costa's "Surgery" by the publisher is an undoubted testimony to the usefulness of the book. Its size adds to its value to the student. It is brief and to the point without being bald in its condensation. It may very fitly serve as an introduction to more elaborate treatises.

In the preparation of this edition much of the text has been rewritten. Sections have also been added in accordance with the advances made in knowledge and experience. The author has sought to make it in every respect a reflex of the position of the surgery of the present day. Various new operations or modifications of operations which have been brought into vogue since the publication of the first edition are incorporated in this edition.

Dr. Da Costa's work is well prepared and we have no doubt that it will continue popular and serviceable as an introduction to the more profound study of surgical science and art.

Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Authorized Translation from the German. Edited by Dr. J. Chalmers Da Costa, Clinical Professor of Surgery in the Jefferson Medical College, Philadelphia, etc. With 24 Colored Plates and 217 Illustrations in the Text. Philadelphia: W. B. Saunders, 1898. Price, $3.00, net.

This is surely an admirable book. Its author is well known as a teacher and writer. The steps of the various operative procedures are concisely given and the beautifully-clear plates serve as a commentary upon the text. Such a book as this is valuable to the student who is learning to operate upon the cadaver; it will serve also to recall half-forgotten procedures to the general practitioner. It, therefore, fulfills a double purpose.

Atlas of Syphilis and the Venereal Diseases. Including a brief treatise on the pathology and treatment. By Prof. Dr. Franz Mracek, of Vienna. Edited by L. Bolton Bangs, M.D., Consulting Physician to St. Luke's Hospital and the City Hospitals, New York, etc., etc. With 71 Colored Plates. Philadelphia: W. B. Saunders, 1898. Price, $3.50, net.

This atlas is constructed upon the same plan as the other clinical atlases already noticed in these columns. A series of graphic plates faithfully illustrate every ordinary phase of syphilis. The plates are explained by a few paragraphs of text upon the opposite page. The plates are taken from nature and the text is the history of the case from which the illustration was taken. Thus an examination of the plates is the most valuable substitute for an actual clinical demonstration which type and figures can supply.

A feature which many will appreciate is the low price at which the work is published.

Conservative Gynecology and Electro-therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. Third Edition, Revised, Rewritten, and Greatly Enlarged. By G. Betton Massey, M.D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; Late Electrotherapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electrotherapeutic Association, of the Société Française d'Electrother-

Digitized by Google

apie, of the American Medical Association, etc. Illustrated with Twelve Full-page Original Chromo-lithographic Plates in Twelve Colors, Numerous Full-page Original Half-tone Plates of Photographs taken from Nature, and many other Engravings in the Text. Royal Octavo. 400 pages. Extra Cloth, Beveled Edges, $3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

Dr. G. Betton Massey is well known as an unflinching advocate of the value of electricity in the treatment of various diseases of the female genital apparatus, particularly of fibroid tumors, and, more recently, of the method which he has elaborated for the destruction of carcinomata by electrical cataphoresis. There is no doubt that Dr. Massey has very excellent results as regards fibroid growths. It is no less true that there are many women who will decidedly prefer a non-operative treatment even although it may be more tardy in its course. The experience of the author is encouraging in cases of malignant disease of the uterus, which is more than can be said of the procedures of operative surgery.

This work has grown with the author's experience, and it is a much larger and fuller work in the third than in the first edition. It is practically a new book, as so much of it has necessarily been rewritten in order to represent the position of the subject as it stands at the present day.

The book is well written and clear, the outcome of an abundant experience, and it should receive the careful attention of the profession, as it is based upon a record of facts. It can, therefore, be cordially recommended. In paper, typography, and illustrations it is a beautiful specimen of bookwork.

Baeder Almanach. Mittheilung der Baeder, Luftkurorte und Heilanstalten in Deutschland, Oesterreich, der Schweitz und den angrenzenden Gebieten. Fuer Aerzte und Heilbeduerftige. Siebente Ausgabe. Mit Karte der Baeder, Kurorte und Heilanstalten. Berlin: Druck und Verlag von Rudolf Mosse.

This useful publication is a complete guide-book to the springs and other health resorts of Germany, Switzerland, and Austro-Hungary. It is replete with information concerning these places, and is adapted to be of great service to physicians, invalids, and travelers in general. The resorts are classified according to their therapeutic properties. By an intelligent study of this book the physician will know where to direct his patients to go if they wish to travel to Europe in pursuit of health. The maps are of substantial service. The names of resident physicians and innumerable other particulars are given.

A Compend of Diseases of the Skin. By Jay F. Schamberg, A.B., M.D., Associate in Skin Diseases at the Philadelphia Polyclinic, etc. With 99 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1898.

This is No. 16 of the publishers' series of Quiz Compends. The author has succeeded in compressing much information relative to this class of disorders into a small book. The barest outlines can be given in such a compend. Within its necessarily circumscribed limits the work is reliable and the publishers have provided it with a number of excellent illustrations.

Hay Fever and Its Successful Treatment. By W. C. Hollopeter, A.M., M.D., Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia, etc., etc. Philadelphia: P. Blakiston's Son & Co., 1898.

Hay fever is such an annoying complaint and one which is so often, if not usually, defiant to treatment, that an author who believes he has improved upon the methods heretofore in vogue will be certain of an interested hearing. This is the claim of the writer of this work, and in accordance

Digitized by Google

he gives most of his attention to the subject of treatment, although he does not neglect other questions connected with the disease. From the results of his treatment of more than 200 cases during the last ten years he believes that the curability of the disease cannot be questioned. He does not claim that all cases can be cured, but that most cases are curable according to his method, without change of residence or inconvenience. Dr. Hollopeter's method consists essentially in daily sterilization of the nares and post-nasal spaces by means of Dobell's solution sprayed from a hand-ball atomizer, after which with a curved aluminum applicator or nasal cotton carrier he very carefully swabs the whole nasopharynx. The membrane is then carefully dried with clean cotton and a mild solution of menthol in albolene is applied.

The Treatment of Choleraic Diarrhea. Published by Lambert Pharmacal Co., St. Louis, 1898.

This little book, which is very nicely issued, consists of a series of papers by different writers in different parts of the country and published in different medical journals. In all, the value of intestinal antisepsis is insisted upon, and Listerine is recommended as an excellent remedy for accomplishing this purpose.

On Cardiac Failure and its Treatment, with Especial Reference to the Use of Baths and Exercises. By Alexander Morison, M.D., Edin., F.R.C.P.Ed., Physician to Out-patients to the Great Northern Central Hospital and the Paddington-Green Children's Hospital, etc. London: The Rebman Publishing Company, Ltd., 1897.

Progressive failure in the force of the heart in chronic disease of that organ is such an important feature that any method which seems to be able to improve the nutrition of the heart in these conditions should be examined with the greatest care. This is the object of Dr. Morison's monograph, which is devoted to a study of the method practiced at Bad-Nauheim. The Nauheim water contains the chloride of sodium and salts of calcium as the main solid constituents and is impregnated with a considerable amount of free carbonic acid. In connection with the baths the system prescribes passive and active muscular exercises, the latter being carefully graduated. According to the Schott method, a series of gymnastic exercises are administered to the patient by the physician or trained attendant.

It is believed that in this method the baths unload the heart, lighten its work, and thus afford it an opportunity of recovery with increase of power. They are claimed to stimulate the heart, and, with the aid of its reserve force, urge it to more powerful action. The first of these objects is regarded as the more important. The mechanical treatment of circulatory disturbances similarly acts by relieving the heart and by stimulating that organ. Dr. Morison, who has visited Nauheim and studied the methods there in use, brings forward clinical and experimental notes relative to patients under treatment there, and presents a full and satisfactory account of the capabilities of this method. The book is, therefore, a serviceable one for the American reader who will obtain many practical suggestions from its perusal. The book is issued in excellent style.

The Twenty-fourth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year Ending June 30, 1896. Lansing: Robert Smith Printing Company, State Printers and Binders, 1897.

The State Board of Health of Michigan is an efficient organization, and its annual reports reflect with great detail the large amount of valuable work accomplished every year. The present volume is no exception to its predecessors and is an important contribution to the vital statistics of Michigan in particular and the country in general.

Digitized by Google

COMMERCIAL NEWS.

Celerina.

Jno. C. Levis, M.D., West Bridgewater, Pa., says: "I have used celerina in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly pre-eminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first public testimony I have offered. Celerina is the very best nerve tonic now offered to the profession, and can not be too highly recommended. To those wanting a nerve stimulant it will be just the remedy."

A Unique Baby-food.

Egg-albumin, a few selected cereals, some sugar of milk, and a little butter-fat, thoroughly mixed and skillfully combined, will, when added to cows' milk, make the best substitute infant-food known, as well as a very palatable and nourishing diet for invalids and convalescents. This is the formula of Eskay's albuminized food. The good results following its use thoroughly substantiate its claims.

The Best and the Cheapest.

In prescribing either medicine or nutriment, a physician must often consider the question of what is the most economical as well as what is the best for his patient. And it is only occasionally that he is made happy by the knowledge that the cheapest is the best. He always knows that "the best is the cheapest," but this helps him very little if economy must be thought of.

John Carle & Sons point with pride to the fact that their prepared food, imperial granum, is the most economical as well as the best food on the market, and in proof of this, they ask physicians to carefully note the weight of their handsome "Small" and "Large" size air-tight tins, and also to kindly notice the length of time either one will last, bearing in mind that their sterilized tins form the lightest, as well as the safest, retainer that can be used.

Kryofine as an Anodyne.

The Therapeutic Gazette contains a very interesting article relating to this drug reported by Dr. Curtis, Professor of Therapeutics in the Chicago College of Physicians and Surgeons, from which we quote:—

"For the relief of pain kryofine acts very rapidly and surely, the relief often occurring within fifteen minutes. The class of cases in which it acts best are of neuralgic type. Of a record of a large number of cases I append four. In no case have I been disappointed in obtaining relief. Of course pain will return unless the cause be sought for and removed."

Hay Fever.

℞ Quinine hydrobromate, gr. 120.
Antipyrine, gr. 15.
Gum-camphor, 31.
Cocaine-hydrochlorate, gr. 15.
Acid hydrochlorate, min. 20.
Benzoin nebulizing fluid, q. s., ℥4.

M. et Sig.: Apply with a nebulizer three to five times daily.

Gives immediate relief even in the most aggravated cases of hay fever. Its thorough and persistent use obviates the necessity of a change of climate, and in time produces a permanent cure.

The above statement is based on the experience of a number of prominent specialists. For further particulars and for information relative to nebulizers, write the Globe Manufacturing Company, Battle Creek, Mich.

The Prompt Solution of Tablets.

We are glad to know that the antikamnia people take the precaution to state that when a prompt effect is desired the Antikamnia Tablets should be crushed. It so

(Continued on advertising page 18.)

Digitized by Google

FORMULA.

℞ Acid Salicylic. Ext. Colchicum.
Ext. Phytolacca. Res. Podophylli.
Quinina. Pv. Capsici.

Dose—1 to 2.

60c. per 100.

PIL. ARTHROSIA

AN ANTIDOTE for GOUT, RHEUMATISM, NEURALGIA, ETC., ETC.

TONIC, ALTERATIVE AND BLOOD RESTORER.

PIL. ARTHROSIA combines pure drugs, accurately subdivided, scientifically compounded, covered with a quickly soluble coating, (which latter hermetically seals and protects the contents indefinitely). Upon administration, Pil. Arthrosia will disintegrate rapidly and release a combination of remedies whose known therapeutic properties at once recommend this pill to the profession.

WM. R. WARNER & CO.

PHILADELPHIA. NEW YORK. CHICAGO.

Tannopine, a specific in diarrhoeal affections.

Tannopine (hexamethylen-tetramine tannin) is always prompt and reliable in action, because it passes unchanged through the stomach and is gradually decomposed in the intestine, thus exerting its astringent effect at the **site of disease,** whether in the upper or lower intestinal canal. Especial indications; Gastro-enteritis, cholera infantum, typhoid, and intestinal tuberculosis.

SCIENTIFIC FOODS, TONICS AND RESTORATIVES.

SOMATOSE,	FERRO-SOMATOSE,	LACTO-SOMATOSE,
a scientific food in all conditions of lowered vitality, producing a rapid gain in flesh and strength without taxing the digestive organs.	a ferruginous nutrient in all anæmic states, palatable, readily assimilated, does not affect the teeth nor produce constipation.	pre-eminently a food for gastro-intestinal diseases, agreeable, nutritious and exerting a mild astringent action in diarrhœal affections.

Protargol an important advance in gonorrhoea therapeutics

Protargol is regarded by Professor Neisser as "the best, safest and most rapid remedy hitherto introduced in the treatment of gonorrhœa." It is also highly recommended in affections of the eye, infected wounds, and as a substitute for nitrate of silver in general.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO., 40 Stone Street, New York.

Selling Agents for the Bayer Pharmaceutical Products:

Aristol. Europhen, Ferro-Somatose. Hemicranin Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combination in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—The Journal of Practical Medicine.

Faulty Metabolism—Nutrition and Growth.

The phenomenon of life consists essentially in the equilibrium maintained between the products of supply and waste, and the process which in its broadest sense includes the manner in which the living organism, as a whole, or in its component individual cells, is maintained in a normal condition of life or growth, is expressed in the comprehensive word—nutrition.

We must then apply ourselves to the task of solving the problem of how to increase the digestive function or else how to do the work artificially until such a time as the increased absorption of nutriment builds up the strength to the point where the natural process of digestion can do the work. In a rightly-proportioned diet we take about three times as much non-nitrogenous or farinaceous food as we do of proteids, and in clinical experience we find a very large proportion of dyspeptics suffering from amylaceous indigestion. The question naturally arises: What shall we do to relieve the disordered condition? It is all very well to tell people to leave off eating starchy foods—cereals and bread and vegetables; but we soon find that nature rebels and the patient will return to the prohibited foods because he needs the product of farinaceous food to supply heat and energy, and especially is this true among laboring people and children, who find it increasingly more and more difficult to do their usual work or play on the restricted diet. Is it not more rational, therefore, to try to remedy the difficulty by artificially aiding the digestion of a diet suited to the needs of the person?

It has been repeatedly demonstrated that diastase is capable of transforming many times its own bulk of starch into soluble maltose. This it will do, not only in the test-tube, but also in the human stomach. All doubt on this point can be set aside by the use of a stomach-tube, in a marked case of starchy indigestion, by noting the contrast in the contents of the stomach before and following the repeated giving of diastase. One of the most convenient ways of prescribing diastase is in the form of the diastasic malt-extract, "maltzyme;" on account of its limpidity and palatability, it is taken without objection by children and invalids. Certainly, in actual practice, the results are sufficiently satisfactory to warrant its use in nearly every case of amylaceous indigestion, and in cases of malnutrition.—Abstract from a paper in The Journal of Practical Medicine. By W. A. Walker, M.D., New York.

To Promote Assimilation in Diarrhœal Affections.

In the treatment of gastro-intestinal diseases attended with severe diarrhœa, the problem that often confronts the physician is how to administer a sufficient amount of nutritious food without increasing the existing irritation and discomfort. Ordinary foods are frequently so imperfectly digested as to be unable to make good the serious drain upon the patient's vitality produced by the profuse diarrhœal discharges. It is with a view of supplying a food-product adapted for this common class that a preparation has been recently introduced to the medical profession which consists of the nutritive elements of milk in their most

(Continued on advertising page 20)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

DOCTOR, DO
YOU CURE YOUR

GOITRE PATIENTS?

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

F. E. MAY, M.D.,
Bloomington, Ill.
Lock Box 4.

Tannalbin in... DIARRHEA.

(TANNIN ALBUMINATE)

In simple diarrhea, acute and chronic enteritis, dysentery and cholera infantum Tannalbin is signally successful. Tannalbin is an albumin compound of tannin in a form insoluble in the stomach. In the intestines it is resolved into its components, albumin and tannin, the latter of which acts as a powerful astringent on the lower intestine. Tannalbin has none of the disadvantages of the salts of silver, lead, and bismuth, or of tannin.

Manufactured by Knoll & Co.,
Ludwigshafen a. R.

Ichthalbin ALTERATIVE ANTIRHEUMATIC ANTIOATARRHAL

(ICHTHYOL ALBUMINATE)

Ichthalbin is an albuminate of ichthyol. It is odorless, tasteless, unaffected by the stomach, and represents 75 per cent of ichthyol. In the intestines the ichthyol is gradually liberated; nausea and eructation are thus avoided. The general effects of Ichthalbin are:—Regulation of the bowels; marked increase of appetite; pronounced gain in weight.

LITERATURE ON REQUEST.

Merck & Co. UNIVERSITY PLACE **New York**

Digitized by Google

assimilated form—the albumoses—together with a small amount of an astringent in firm organic combination with the proteid material. This product, known as lacto-somatose, has thus far been found to answer all the demands for a food in diseases attended with severe diarrhœa, such as enteritis, cholera infantum and morbus, typhoid fever. It is agreeable to the palate, readily soluble in a variety of solvents, and, above all, supplies a large amount of concentrated available nutriment, without irritating or disturbing the stomach and intestines; on the contrary, it exerts a beneficial influence in regulating the intestinal functions and arresting the diarrhœa, and thus contributes materially to a speedy recovery.

Cholera Infantum.

Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, and antisepsis. For the antiseptic treatment, listerine alone, or listerine, aqua cinnamon, and glycerin, or listerine, bismuth, and mistura creta, will meet many requirements of the practitioner during the summer months.

The following well-tested formula is submitted:—

℞ Bismuth subnit., ʒss.
Tr. opii, gtt. xx.
Syr. ipecac,
Syr. rhei arom., of each, ʒij.
Listerine, ℥ss.
Mist. creta, ℥j.

M. Sig.: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Epilepsy.

Epilepsy, especially the hereditary non-traumatic form, in nine out of ten cases is due to syphilis. In such cases the bromides, even if administered in large doses, are useless, the attacks returning as soon as the effect of the sedative has come off, necessitating larger doses, something that should be avoided.

Alterative treatment is a good deal more rational, and under proper alterative medication better results can be obtained. Henry's tri-iodides, while a powerful alterative, is a palatable elixir which can easily be administered, even to small children. We have observed no ill effects from its constant administration.

Mellin's food is of real value used in combination with milk. It may be first dissolved in water and the solution used to dilute the milk, or the powder may be added directly to the milk. In either way the milk is rendered more digestible.—From "Domestic Hygiene of the Child," by Professor Uffelmann, University of Rostock, Germany.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

PREVENT ACCIDENTS.—Very many physicians make it a routine rule to administer ALETRIS CORDIAL in teaspoonful doses four times a day to all of their pregnant patients for several weeks during the latter part of gestation. Experience has taught them that ALETRIS CORDIAL not only prevents miscarriage, but also facilitates parturition.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

- It is a New Edition.
- Thoroughly Revised.
- Considerably Enlarged.
- With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
- Clear Type.
- Excellent Paper.
- Careful Presswork.
- Substantial Bindings.
- The Cost to the Physician and Student is Most Moderate and Reasonable.
- It is a Scientific Work.
- A Scholarly—that is, An Accurately-Written—Work.
- A Text-Book in Numerous Colleges.
- Warmly Commended by Teachers of Surgery Everywhere.
- The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
- Fully Abreast of the Times.
- An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: 117 W. Forty-Second St., New York City, U. S. A. 9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

JUST PUBLISHED.

EYE-STRAIN IN HEALTH AND DISEASE,

WITH SPECIAL REFERENCE TO THE

AMELIORATION OR CURE OF CHRONIC NERVOUS DERANGEMENTS WITHOUT THE AID OF DRUGS.

A Manual for the General Practitioner in Medicine to Aid in Detecting the Presence and Appreciating the Importance of Eye-strain in Health and Disease.

By AMBROSE L. RANNEY, A.M., M.D.,

Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," "A Treatise on Surgical Diagnosis," "Practical Medical Anatomy," etc. Late Professor of Anatomy of the Nervous System in the New York Post-Graduate Medical School and Hospital; Late Professor of Nervous Diseases in the Medical Department of the University of Vermont, etc., etc.

THIS treatise is one of so much importance to the general practitioner that its great practical value can hardly be overestimated. For many years Dr. Ranney has devoted the most painstaking and unprejudiced study and investigation to an almost endless variety of cases. The results are crystallized and given unreservedly to the medical profession in this handy volume.

The various chapters of the work are replete with illustrative cases. They discuss the results of Eye-treatment of Headache, Neuralgias, Sleeplessness, St. Vitus's Dance, Chronic Digestive Diseases, Epilepsy, Nervous Prostration, and Insanity.

The steps and instruments employed in testing by the latest methods the eyes and eye-muscles are described with sufficient detail to meet the requirements of the general practitioner in medicine, as well as the oculist, in making a diagnosis.

The indications and contra-indications for operative procedures upon the eye-muscles, and the method of performing graduated tenotomies and advancement operations are furthermore discussed in a separate chapter.

Fully Illustrated. In One Royal Octavo Volume. 325 Pages. Handsomely Bound in Extra Cloth, $2.00 net.

THE F. A. DAVIS CO., PUBLISHERS,
1914 AND 1916 CHERRY STREET, PHILADELPHIA, PA.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, SEPTEMBER, 1898. No. 9.

Clinical Lectures.

ICHTHYOSIS—PSORIASIS—HERPES ZOSTER.

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

ICHTHYOSIS.

GENTLEMEN: The first case which I shall show you is an example of a not very common disease, but one which in an advanced stage or severe form is capable of causing a very serious and even repulsive deformity. The patient is a man, 45 years of age, who presents himself on account of thickened areas upon the skin, particularly upon the elbows, the back of the hands and upon the breasts. In these situations the skin is deeply pigmented. The cheeks and forehead are of a dusky red color. The forehead looks as if it had been blackened by powder or coal-dust. The hair is thin and dry and there are patches of baldness. The affected surfaces are horny and mapped out into islands, owing to the papillary hyperplasia. According to the patient's statement the disease was congenital.

The roughness and dryness of the skin, together with the hypertrophy of the papillæ, might be suggestive of psoriasis, but this is not a case of psoriasis. In the latter disease the lesions, whether papules or patches, stand apart and are separated by tracts of perfectly healthy skin. In this case the morbid action is more diffuse and the natural lines and furrows are abnormally distinct.

The case, in fact, is one of ichthyosis. In a severe case the alterations of ichthyosis are so strikingly characteristic that it cannot be mistaken for any other affection. In an early period, however, or in a mild case, like the one before us, the diagnosis is less clear.

Ichthyosis generally involves the whole or the greater part of the surface, although it may be confined to limited areas. In light cases the marked features are the dryness, roughness, and wrinkled condition of the skin. Scales form also in ichthyosis, but their appearance is different from those of psoriasis. They correspond in shape to the lines and furrows of the parts to which they are attached and are loose at the periphery, though firmly fixed to the centre. They vary from thin flakes to large, fish-like scales. In old cases they become veritable horny plates and grow dark, almost black, in color. These are the varieties in which the skin has been aptly compared to that of the porcupine or even alligator.

Perspiration is very scanty in ichthyotic subjects. The disease will often improve in summer when the perspiratory function is stimulated into activity.

The patient thinks that he was afflicted at birth, but this is probably not the literal fact. True congenital ichthyosis is rare and the babes generally perish in a few

Digitized by Google

days. The disease is, however, very apt to develop in infants or young children.

The treatment of ichthyosis is very unsatisfactory and the disease is practically incurable. We must endeavor to promote the pliability of the skin by baths and inunction. Alkaline baths are preferable, and it is well at times to make use of the vapor- or hot-air bath. When the scales are particularly thick it will be necessary to scrape them off with a knife or some other mechanical contrivance. The internal use of arsenic sometimes procures a certain amendment. Pilocarpine, persistently given in small doses, may tend to moisten and soften the thick, harsh, and dry integument.

Psoriasis.

A woman, 42 years of age, has had an eruption upon the scalp and forehead for twenty-one years. It is also present upon the neck. The disease first began upon the legs, just below the knees, in the form of small papules. These were dry, surmounted by small scales, and between individual papules the skin was perfectly healthy. The lesions gradually enlarged to form scaly patches. At times every evidence of disease would disappear. Two years is the longest interval of complete freedom which she has enjoyed since the disease began. At different times the malady has manifested itself upon every part of the body, even upon the back of the hands and feet. There may be improvement in the summer, but the disease recurs in the winter. It is attended by moderate itching.

When this patient was first seen the eruption was at the maximum upon the scalp, although there was an abundance of lesions upon the back, chest, and shoulders. The disease has always been dry and has always followed the course described. The patient thinks that it is becoming worse each year. Her general health is said to be good, but she often suffers from a feeling of fatigue or lassitude and pain in the lumbar region, made worse by lifting. The scalp is full of crusts and her hair is dry.

This disease can be no other than psoriasis. Its history and lesions, indeed, admirably illustrate many of the essential features of that affection. The favorite localities of psoriasis are exemplified. In many, as in this case, it commences upon the upper part of the leg. The scalp has been above all affected, and this is another locality especially liable to attack. A third favorite region is behind the elbows. The intervals of improvement and the obstinate relapses are familiar features of psoriasis. As shown by this case the malady is not, as a rule, accompanied by excessive itching and has a tendency to improve temporarily during warm weather.

This patient is of a markedly rheumatic diathesis. She is subject to frequent muscular aches and flitting pains in the joints. Moreover, she has upon several occasions during the course of her life suffered from genuine attacks of acute inflammatory rheumatism. This condition of the blood accounts for the cutaneous affection. In quite a large proportion of cases psoriasis depends upon a rheumatic condition of the system. This fact will suggest the treatment to be adopted. I have often told you when speaking of psoriasis—and the same truth applies to many other diseases of the skin—that if a given case spring from an internal cause we must direct our treatment toward that cause with a view to overcoming its influence. In the present instance, therefore, we shall direct our medication principally to the rheumatism. Local measures are not to be ignored. They will accomplish a certain amount of good, but they will not cure.

Psoriasis depends upon a great variety of causes. Gout, as well as rheumatism, may produce psoriasis. This cutaneous disease is sometimes associated with diabetes mellitus. Not infrequently it is due to some disorder of the nervous system.

In psoriasis the superficial portion of the corium and the epidermis are involved.

Digitized by Google

The papillary layer is notably enlarged and the scales result from hyperplasia of the cells of the rete mucosum.

Believing the present case to be dependent upon a rheumatic condition we shall order the treatment upon that basis. In the first place, as the patient's tongue is badly coated, her intestinal tract shall be thoroughly cleansed by the use of a mercurial cathartic. After this object has been accomplished she shall be placed upon the following preparation:

℞ Salolis, gr. iij.
Calcii sulphidi, gr. $^1/_8$.
M. et ft. capsul. No. j. Mitte tales No. xxx.

Sig.: One capsule four times a day.

The scales are unsightly and troublesome. When, as in this case, they are situated upon the face they are a source of mental distress to the patient. It is, therefore, highly desirable to effect their removal and, if possible, prevent their reproduction. Detachment of the scales is facilitated by the use of oil dressings or poultices. When the affected surface is large the warm bath is an efficient method. When the surface has been cleared a mildly stimulant application is generally of service. Among the agents which may be employed are salicylic acid, carbolic acid, creasote, naphthol, thymol, tar, chrysarobin, etc. Tar itself may be objectionable on account of its color and smell, and may be more acceptably used in the form of oil of cade. Chrysarobin is a favorite with many, but has certain disadvantages. It stains; it is very apt to create too much irritation, or even cause dermatitis, and it is capable of producing constitutional symptoms by absorption. In the present case, after the surface has been cleared, we shall make use of the following ointment:

℞ Acidi salicylici, ℥ss.
Sulphuris sublimati, ℥ss.
Unguenti zinci oxidi, ℥j.
M. et ft. ungt.

Herpes Zoster.

A man, 22 years of age, comes to us on account of an eruption in the axilla and along the border of the pectoral muscle. The rash is of a typical aspect and consists of a series of vesicles. These also extend down the right arm. The disease has been in existence for four days. The first symptom which drew his attention to the parts was the occurrence of sharp, shooting pain. He then examined his person and found the eruption in the situations named. There has been no disposition to amelioration, but rather the contrary. The pain shoots down the arm to the elbow. There is also a burning sensation in the skin. The vesicles present a linear arrangement and some of them are bluish in color.

Whenever you see a line of vesicles, accompanied by pain, think of the anatomy of the parts and note whether the eruption does not follow the course of a superficial nerve. In the case now in your presence the rash corresponds to the situation of the pectoral and brachial nerves. This anatomical arrangement is characteristic of herpes zoster. In this case the eruption occurs in an unusual locality, but the disease may manifest itself along the tract of any superficial nerve. Very commonly it is in relation to the intercostal nerves and hence has originated its common name of "shingles," which is a corruption of the Latin word *cingulum*, a girdle or belt.

This patient is ignorant of the cause of the disease, although he fancies that it may be the result of cold. Its sudden development would seem to lend probability to that supposition.

Herpes zoster is an acute disease. According to its severity, it may last one or two weeks, or even longer. The vesicles are usually small and discrete, but in some instances they run together and form bullæ. After a duration of three or four days the contents become opaque and at the end of one or two weeks they concrete into brownish crusts; these fall and leave exposed a

Digitized by Google

surface which may be normal, pigmented, or scarred. In exceptional cases the vesicles contain blood, and in other instances the inflammation may be so aggravated by friction of the clothing and scratching as to cause actual ulceration.

As a rule, herpes zoster does not attack a patient a second time. The neuralgic pain generally lessens or disappears with the advent of the eruption, but it may remain unabated during the course of the rash or may persist for an indeterminate period after the skin has regained its normal aspect. This lingering of the pain is very apt to occur in old subjects. On the other hand, the neuralgia is less severe in children than in adults. In the aged, anæsthesia and other nervous disturbances may succeed to the neuralgia. Zoster, or zona, as it is also called, of the orbital region may attack the eye and give rise to very serious consequences.

It should not be difficult to diagnosticate herpes zoster. Its vesicles are larger than those of eczema and tend to dry up, while the neuralgic pain is entirely peculiar to herpes. Its anatomical disposition is also an essential feature.

Herpes zoster is due to irritation or inflammation of nervous ganglia or peripheral fibres. The eruption upon the skin is, therefore, a secondary matter. This patient's general condition is good and his appetite is normal. The bowels are regular. He is a moderate drinker.

In treating herpes zoster we wish to relieve the local inflammation and assuage the pain. It is better, if possible, to avoid resorting to opium. Dry, antiseptic and somewhat astringent applications are usually beneficial. In the present case we shall make use of:

℞ Salolis,
Acetanilidi, of each, gr. v.
M. et div. in chart. No. xx.

Sig.: One such powder every hour or two until the pain is relieved.

He shall also take:

℞ Salicin, gr. ij.
Quinin. sulph., gr. ij.
M. et ft. capsul. No. j. Mitte tales No. xx.

Sig.: One such capsule to be taken four times a day.

Externally we shall employ a mixture of chloral and camphor, which makes an excellent anodyne and antiseptic combination:

℞ Chloral, ℥ss.
Camphoræ, gr. xx.
Unguenti plumbi subacetatis,
Unguenti zinci oxidi benzoati, of each, ℥ss.
M. ft. ungt.

IRITIS: ITS TREATMENT. STRABISMUS: MULES'S OPERATION.[1]

By L. Webster Fox, A.M., M.D.,
Professor of Ophthalmology in the Medico-Chirurgical College, Philadelphia, Pennsylvania.

Gentlemen: We have had the pleasure of many interesting talks together, and when I was a student I always felt that up to the holidays the winter was very long; after that, the time until graduation day was very short. You have before you a double duty: first, to the Professors; and second, to your State; and I am sure by this time you are probably becoming annoyed by hearing so much about the State Board of Examiners; but we all feel very much interested as to the outgrowth of next spring's examination, and every Professor in this College is trying to make you the banner boys of all that go before this Board of Examiners; and we do not want it said that there is a man of you who cannot answer the practical questions that will be asked of you. I am glad to say, and it is with the greatest degree of pride, that of all this class who have handled the Graefe knife, I believe every one will be able to

[1] Clinical Lecture delivered at the Medico-Chirurgical College

Digitized by Google

tell about the practical operations which will take place on the eye. I must say, as a certain Professor said long ago, "It is marvelous the way the Americans handle the knife." I do not know whether it is simply because we are natural mechanics, or whether it is our natural adaptability to circumstances, but the number of students who have taken this practical course in the operations on pig's eyes have shown a degree of skill that is really most gratifying, and I feel sure that when you get to the end of these opportunities and when you become masters in your field you will be ready to follow out all the various operations which will give sight to the blind. It is important that you know something about the various practical operations on the eye, at least, to be able to diagnose them, and I believe you are a set of students who will embrace every opportunity to advance your future career.

First, we will speak of the intraocular diseases of the eye, demonstrating them as much as possible with cases. We shall show you a case of inflammation of the iris. This coat, the iris, the "window curtain of the eye," which gives it color, is very rich in blood vessels and is situated posterior to the cornea. It is also a continuation of the choroid and ciliary bodies, and wherever the lymphatics act together they become very rich in inflammatory products, and the reproduction of exudative tissue is very active. These processes are intensely rich in food for the eye,—that is to say, plastic material is easily produced, easily thrown out and easily absorbed. Another duty of this coat is to guard the retina.

The iris is composed of three layers,—external, internal, and posterior.

The various causes which enter into plastic destruction of the iris are,—specific, rheumatic, and gouty diathesis.

In specific iritis you will find slight congestion around the ciliary region, and as the inflammation increases this increases. When you examine the iris carefully the folds appear a little thicker than normal. There are slight ridges, the color changing. In the gray and blue eye it assumes a greenish tint—in the dark eye a mouldy appearance. Upon exposing to a strong light, the iris of the good eye contracts immediately, while the iris of the diseased eye will not move. Care must be taken to break up the adhesions before the iris adheres to the crystalline lens.

Inflammation in rheumatic iritis begins at the uveal tract, which you understand is that one containing the pigment, rich in blood vessels, lymphatics and nerves. It is the coat that carries the circulation to the inner part of the eye. When inflammation extends from back forward, the iris is limited in its action, the same result taking place as in specific iritis; but the intense pain you get in rheumatic iritis is probably more characteristic of that disease than the specific. In specific iritis you may have inflammation and plastic adhesions and yet not have a particle of pain, whereas in rheumatic iritis it is entirely different: there is severe orbital pain, along the nose, back of the head, and along the side of the head upon which the inflammation exists. These pains are somewhat vague, last for an hour or two, and fly off into the different parts of the body.

Iritis is amenable to treatment in the young and middle age, but hard to cure in the old.

Treatment.—In the treatment you have three or four things to carry out. In the first place use atropia, locally, 1 grain to 3 drachms, which may be increased to 1 grain to 1 drachm. If the iris is engorged to such an extent that the fibres cannot pull it apart, you can increase it still more. The atropia dilates the pupil; pulling off this part of the iris distends it as far as it possibly can. At this point, referring to the case before us, the iris has grown fast to such an extent that the dilating is lost, and you get these irregular conditions of the pupil. I do not wish you to be misled and think that in iritis you have irregularly

Digitized by Google

dilated pupils: it is only the result of the mydriatic. You have seen the irregularly dilated pupil because you have seen this after we have administered the drug which did the work. Daturine may be used after atropia where there is inflammation. Mercury is given internally in the form of calomel, $^1/_{10}$ grain, every hour until 3 grains have been taken. In rheumatic iritis I am fond of prescribing salicylate of sodium, 10 grains, three times daily, and so far have met with excellent results. Then follow with the iodide of potassium without regard to the character of the iritis.

For pain and congestion use leeches, about one-half inch from the outer canthus, thus relieving the blood vessels of engorgement and establishing proper circulation, and the lymphatics are allowed to carry away this deleterious material. Then, too, hot water application is very efficacious.

We have before us a young man whom I have examined carefully and find it a case of specific iritis, without a doubt, notwithstanding the history he gives refutes this. You note the virulency with which it attacks the eye, the red discoloration of the sclerotic coat, the irregular-shaped pupil which shows that the iris has thrown out plastic material. The iris, instead of being perfectly round, is bound down with little tags and various growths, showing the adhesion between the posterior part of the iris and the anterior capsule of the lens. Wherever you have inflammation of the iris the tendency is to contraction. The pupil narrows itself in a measure to give relief to the eye, and in giving that relief it does injury. The plastic material which is thrown out contracts, draws itself together, and you will have the condition we have here—complete occlusion of the pupil—myosis, as it is called. This young man will be placed on the treatment as above outlined and will be brought before you next Friday, that you may see the action of the drugs.

This is the young man that I presented to the class last week with an attack of specific iritis. This eye last week had a very different appearance,—the cornea was dim, the iris dilated, and the blood vessels engorged and thickened. To-day you notice the eye is clear and white. Beside the treatment I have given you, we used in this case the ung. hydrargyrum to its fullest extent, rubbing different parts of the body with the ointment. If all other remedies fail we then perform an iridectomy.

I am lingering over this line of cases because they will probably come under your care more than any other, and therefore I want you to be thoroughly well versed in the diagnosis as well as the treatment to be carried out. From time to time, whenever the opportunity occurs, I shall bring these cases before you.

Our next case is a divergent squint, and many of you know exactly what is to take place. This young woman has come to me for a purely cosmetic purpose. We can readily understand that feeling in woman which will cause her to make any sacrifice to improve her personal appearance, and rightly so. Now my duty is to take away this squint, which mars the beauty of her face.

This operation was a very disappointing one to the older surgeons and a tedious one to the present-day surgeon. Since its introduction by Professor Guérin it has undergone various modifications at the hands of Von Graefe, Critchett, Bowman, Knapp, and others. For a slight degree of divergence I prefer snipping the external rectus and advancing conjunctiva and Tenon's capsule. This is best done by taking out an oval piece of conjunctiva and Tenon's capsule (DeWecker's operation) with **T**-shaped forceps, and then uniting the edges of those tissues together.

In pronounced cases I follow the operations suggested by Richard Williams, of Liverpool: "An incision is made in the conjunctiva and subconjunctival tissue over the tendon of the internal rectus, extending from near the margin of the cornea for about half an inch toward the inner can-

Digitized by Google

thus. The edges of this incision being separated and an aperture having been made in the capsule, the strabismus hook is inserted under the tendon in the usual way, and then confided to an assistant. A curved needle, armed with a suitable silk thread, is then inserted in the conjunctiva near the margin of the cornea and carried between the sclerotic and conjunctiva toward the muscle behind the hook. It is then passed through the tendon, from edge to edge at right angles, to the course of its fibre, and brought out at the opposite side of the conjunctival wound. The edge of the conjunctiva at this side of the incision is now raised with a pair of forceps, and the needle is inserted between it and the sclerotic, and brought out near the margin of the cornea at a point corresponding to the point of entrance. At this juncture the external rectus may be divided or not, according to the requirements of each individual case. The tendon of the internal rectus is divided at a safe distance from the ligature and the hook is removed. By now tying the two ends of the loop together the margin of the cornea is brought into apposition with the cut end of the tendon and the eye brought into a position of more or less squint. Finally, the edges of the conjunctival incision are brought together by means of a fine suture."

This operation is much shorter and simpler than the usual method. Next week you shall see the result of this operation.

Dr. Stevens, of New York, has gained more success in strabismus operations than any other man in the profession, and to him we are indebted for much of our knowledge on the question.

This young colored girl has glaucoma and staphyloma of the cornea, due to an ulcer eight years previously.

There is but one thing to be done, and that is, removal of the eye. As the eye must be removed why not give the patient the advantage of the improved appearance of the artificial eye? To do this we shall perform the Mules operation. The conjunctiva is dissected from its corneo-scleral attachment, back to about the equator of the eyeball, no attention being paid to the cutting of the muscles—they are separated from the eyeball in every instance, uniting again in the process of healing. The cornea is excised,—this being done with a large Beer knife,—as in performing a flap operation for cataract; the lower half of the cornea is then removed with curved scissors and the contents of the globe taken out with a small scoop devised for the purpose. We must exercise care in removing the ciliary bodies, choroid and the head of the optic nerve, leaving a clean, white sclera.

After the cavity has been thoroughly cleansed a glass ball is inserted, with an instrument devised for the purpose. The sclera is split so that the edges may be drawn together and held by stitches of black silk, thus completely hiding the ball. Thorough antiseptic precautions are taken and the eye bound with sterilized bandages.

I have given you a very hasty description of this operation, as it has been performed before you so many times that I feel confident you are thoroughly familiar with the *modus operandi.*

EXOSTOSIS OF THE LOWER PORTION OF THE FEMUR. ANGEIOMA AND ANEURYSMAL VARIX.[1]

By Ernest Laplace, M.D., LL.D.,

Professor of Surgery and Clinical Surgery in the Medico-Chirurgical College; Surgeon to the Philadelphia and St. Agnes's Hospitals.

Gentlemen: I present to you to-day a remarkable case of bony growth at the lower portion of the femur. It started to develop about six years ago, when this young man, now 19 years of age, was in perfect health. It grew quietly and constantly, until it now has reached the size of an infant's head. The growth is very hard and immovable, being attached to the femur. It is situated immediately over

[1] Delivered in the Clinical Amphitheatre of the Medico-Chirurgical Hospital, Philadelphia

Digitized by Google

the epiphyseal cartilage; it has never given any pain, nor discomfort, but its position on the inner side of the right leg makes it very inconvenient to him when walking. The diagnosis of this growth is of special interest from a differential standpoint. The various growths from which it must be distinguished are, osteoma, chondroma, fibroma, and sarcoma. It is not an osteoma in the ordinary sense of the word; although it is of bony consistency. Osteoma is a true neoplasm, may develop anywhere along the length of the bone, and would not have the pediculated appearance, which we can in a measure distinguish here. A chondroma would start from cartilage, and would therefore be nearer the joint than this growth is.

A sarcoma would have been of more rapid development, and would not present the hardness found here; nor would there be freedom from pain; a fibroma would not be as hard as this growth, nor as fixed, but it would be movable. The location of this bony mass over the epiphyseal cartilage, the fact that it developed during adolescence, that it grew constantly, without giving pain, but only mechanical discomfort, points to the condition known as exostosis. An exostosis is a protrusion of bony elements from the source of development of bone at the epiphyseal cartilage, during the period of adolescence. The etiology of the condition is not well understood; but we do know that there is an excessive proliferation of bone cells at that special cartilage, and that, instead of forming true bone, they protrude to one side and accumulate there. It is possible that some of these young cells undergo further karyokinesis. At all events they eventually produce a bony mass, after the fashion of the formation of callous for the healing of a fracture. A miscroscopical examination of all these growths does not show a true histological bone formation, but rather a mass of bone cells, incorporating a large mass of calcareous salts. The vascular system is very poorly developed within the mass; the centre of these growths consists of an excessively cancellated bone structure. Useless to say that this growth is benign, and the complete recovery of the patient requires only chiseling away the growth as near the femur as possible. The operation consists in making a free incision over the growth through the skin, and directly through the quadratus femoris muscle over the femur. The muscle is drawn down completely on each side. The growth is found covered with a thick fibrous membrane, which we recognize as hypertrophied periosteum; this is also incised and drawn down on each side; the growth presents a hard mulberry like shiny surface, and is found attached to the femur by bone, which on using the hammer and chisel shows an ivory like hardness. The attachment is of bone; and on its removal is found to be two inches long and one inch wide. The large amount of periosteum that covers the tumor is now resected to the level of the femur. The cavity is packed with iodoform gauze; the wound is closed by deep stitches, incorporating the muscular tissue. On microscopical examination of the growth, the surface presents the peculiar mulberry-like surface, mentioned above, the rounded bodies of which are of a mother of pearl color. The interior of the tumor presents here and there pieces of hard ivory-like bone, while the main portion of the interior is of spongy, cancellated consistency. In no way does this tumor present a dangerous aspect; and nothing stands in the way of this patient making a rapid recovery, with a perfectly useful limb.

The Treatment of Angeioma and Aneurysmal Varix by the Thermocautery.

Both angeioma and aneurysmal varix consist essentially of dilated blood vessels. They exist mostly on the surface of the body and sometimes under the mucous membrane. The pure angeioma consists mostly of tortuous and enlarged arterioles, while the aneurysmal varix has a fair pro-

Digitized by Google

Sciagraph of Exostosis of the Femur.

Digitized by Google

portion of veins combined with arterioles constituting the tumor. Both are compressible, but the varix is more readily reducible. The etiology is far from clear. While many cases of angeioma and aneurysmal varix are congenital or are developed in early childhood, there are others developing later in life without any apparent cause. They all have a progressive tendency. Their size and appearance, together with the discomfort from pulsation which may be present, and the danger from hæmorrhage, require us to secure the safest method of procedure for eliminating their presence. The object to be attained in the treatment is the obliteration of the blood vessels constituting the tumor. This can be attained by a subcutaneous ligature, a method which consists in passing stout ligature around the base of the growth subcutaneously, and ligating the mass so as to cause a coagulation of blood within the blood vessels in the tumor. This method is painful, unsafe and exposes the wound to sepsis and its dangerous results. The injection of chemical irritants within the tumor, and the resulting inflammation and coagulation of blood within the growth, presents the same disadvantages as the ligature. The tumor may slough, and sepsis may result. The complete dissection of these tumors has been advised, but so great is the risk of hæmorrhage that this operation may also be considered unsafe.

Of all the methods for creating inflammation and for the obliteration of the blood vessels within these growths, the one which does so in an aseptic way is the multiple introduction of the slender blade of the thermo-cautery, whereby many foci of violent inflammatory reaction result in the formation of a vast amount of cicatricial tissue. There is but very little reaction following the procedure. A certain number of perforations are made at the first sitting, and in a month, should the tumor not be obliterated, the operation may be repeated. A hard mass of fibres is eventually substituted for the former growth. By this method it is impossible to have a return of the trouble as has often been found to be the case with other methods that have been advocated. The following five cases will illustrate the efficiency of this mode of treatment.

Case I.—E. F., a little girl three years of age, was taken to the Medico-Chirurgical Hospital for treatment. She was referred to me by Professor Shoemaker. She presented an aneurysmal varix, involving one-half of the upper lip, one-half of the nose, and fully three-fourths of the cheek on the left side. The deformity was very great, and the mother assured us that the trouble was rapidly increasing. The child was anæsthetised with chloroform, and the narrow blade of the thermo-cautery, at almost white heat, was introduced perpendicularly in the tumor. The depth to which the blade was introduced was guided by my finger placed within the child's mouth. At no time was the cautery blade allowed to penetrate the mucous membrane of the mouth. These perforations were made over the whole growth at the distance of a fourth of an inch, one from the other. There was no bleeding, and on waking up the child did not experience any pain. Two months after this treatment the child was brought back to us, showing complete healing of the wounds that had been made with the cautery. There were still several soft parts in different portions of the growths. These were cauterized in the same way as at the first sitting, only five or six points, however, being judged necessary. Every two months the child was brought back, and if necessary the cautery was then applied. Altogether the child was cauterized five times. The growth at the end of the year had entirely disappeared. To-day, as you notice, the cheek seems quite normal and of the same size as the sound side, with very little deformity, in the shape of a scar.

Case II.—A. L., age 2 years, was brought to us with an angeioma in the left axilliary region. The thermo-cautery was applied

Digitized by Google

in six different places, perforating the growth to such a depth and in such a direction as would not risk the wounding of the blood vessels or nerves of the axilliary space. Two months afterwards the child was returned to us and it was deemed necessary to apply the thermo-cautery perpendicularly into the softer parts three times. This second application of the cautery completely effected a cure. By this time the tumor has been transformed into a dense cicatricial mass.

Case III.—E. R., age 32 years, developed an angeioma about the left labial commissure. It was about the size of an almond. In this locality it would have been especially difficult to resort to the ligature or the knife. The lip was anæsthetized by means of subcutaneous injection of cocaine. The thermo-cautery point was then introduced eight times into the tumor. In a month the growth had entirely disappeared.

Case IV.—E. T., age 4 years, developed an angeioma on the tip of his tongue. It was about the size of a cherry and seemed quite sessile. The peculiar locality of the growth and its rapid increase in size made it impossible to apply a ligature to excise it with any degree of safety. The tongue was anæsthetized by means of cocaine and the thermo-cautery was introduced at four different places in the tumor. One application sufficed. The angeioma disappeared entirely in six weeks, leaving a stout scar in its place.

Case V.—R. F., age 46 years, developed a pulsating angeioma back of the right ear. It grew to the size of a goose egg within five months, and spread quite rapidly later. It gave him no particular trouble except for the pulsation, which kept his mind on the parts. On pressing the external carotid artery below the angle of the lower jaw the pulsation would stop within the tumor. Owing to the large size of the blood vessels that we suspected constituted this tumor, we deemed it inadvisable to introduce the blade of the thermo-cautery directly within it, for fear that it would not obliterate the blood vessels, and that a hæmorrhage would ensue. We therefore concluded to remove the blood supply of the tumor by ligating the external carotid artery at its first portion between the superior thyroid and lingual arteries. This being done pulsation disappeared from the tumor. We then introduced the fine blade of the thermo-cautery about forty times through the tumor. We did not meet any hæmorrhage as a result. The blood-supply evidently came from the occipital and posterior auricular arteries. During this process of treatment by the thermo-cautery no trouble was experienced outside of a slight oozing, which may take place from the punctured spots in the tumor. A little iodoform and ordinary gauze will suffice to keep these spots from suppurating.

Should the angeioma be in the mouth, any antiseptic mouth wash will suffice, such as boracic acid, five grains to one ounce of water. There seems to be no pain following the treatment. Altogether the application of the thermo-cautery in the manner above described seems to be the ideal way of dealing with a most rebellious form of hæmorrhagic hyperplasia, the treatment of which until lately was accompanied with exceeding risk to the patient.

The Radical Cure of Varicocele.

The series of symptoms so distressing to the patient that result from a varicocele warrants the discussion of such means as will safely and permanently remove the cause of the affliction. The distress resulting from a varicose condition of the veins of the spermatic cord is reflected throughout the whole system. General health is impaired, obscure pains radiate throughout the muscular system, a general sense of heaviness ensues, with loss of appetite. The mind becomes more or less clouded and heavy. Patients seek the advice of the physician, who often fails to refer this obscure group of symptoms to the proper source. It has happened to me to see patients who have for years been treated for all manner

Digitized by Google

of nervous trouble, without relief. A large varicocele existed, on one side or both, at the same time. The causes of the affliction may be varied, sometimes possibly due to the natural anatomical arrangement of the veins, whereby stasis is produced within them; and sometimes to the weakened dartos, whereby a relaxed scrotum ceases to be a support to the testicle, hence the weight of it falls upon the veins, weakening their walls. Sometimes also a chronic congestion of the parts, incident to improper sexual hygiene, produces such a distension as to finally result in the permanent varicose condition of the cord.

For years one may suffer with varicocele without knowing that the general disturbance of the system is attributable to it. The treatment naturally divides itself into the palliative and the curative. Indeed, the palliative treatment, which consists simply of wearing a snug suspensory bandage, is only partly so. The tumefied veins, although not quite so distended because of their being so supported, still exert a certain amount of compression upon the spermatic nerves. Partial relief may be obtained by the use of the suspensory bandage, and also of astringent solutions that will tend to contract the white fibres of the dartos. But at best this plan of treatment is palliative, temporary, and incomplete. There is no permanent remedy for the evil effects of the dilated veins of the cord outside of a removal of the redundant veins. The radical procedure appeals to us as being more directly surgical and precise than the subcutaneous ligature, where the surgeon's work is performed without precision, not being able to regulate the number of veins to be ligated, according to the necessities of the case.

The method of procedure adopted by us consists in controlling the cord between the index finger and thumb of the left hand, and cutting directly upon the cord from above and downward until the cord is fully exposed. By gentle compression of the upper end of the cord the veins become quite distended with blood, and then we are enabled to dissect them out from the rest of the cord, being careful not to remove all the veins, but leaving at least one to help carry on the return circulation. The veins to be resected are isolated from the rest of the cord and a chromicised catgut ligature is passed around the dissected mass of veins above. These are securely ligated. At the lower portion of the dissected mass of veins another chromicised catgut ligature is securely applied. The intervening mass of veins is now resected, care being taken not to cut too near the ligature, above and below, for fear of the possible slipping of the ligature beyond the stump. The projecting ends of the ligature are then brought together, thus lifting the testicles and bringing the lower stump in contact with the upper stump. One end of the ligature above and below is cut away, and the remaining ends of the ligature above and below are tied together, keeping the lower stump in permanent and direct apposition with the upper stump. The wound is then closed and a strand of silkworm gut is placed at the bottom of the scrotum for the purpose of drainage. The ordinary aseptic dressing is applied, held by a tightly fitting **T**-bandage. The patient remains in a recumbent position for three days, and on the fourth day he is allowed to walk about. The **T**-bandage is worn for two or three weeks, after which the patient is allowed to attend to his work. This method of procedure gives the best results. Not only is the local trouble effectually removed, but the general health of the patient is improved, and he benefits from any tonic treatment which before the operation seemed to be unattended by any beneficial effect.

With the disappearance of the local symptoms of varicocele, and with the tonic treatment of the case, many functional disorders from which the patient might suffer will disappear. We would direct special attention to such disturbances as are more directly referable to the sexual functions,

Digitized by Google

especially in those patients whose profession and circumstances in life lead them to habits of continence. The risk attending the operation may be overcome by taking the following precautions:

Care in dissecting out the majority of enlarged veins, but allowing at least one to remain. Care not to resect the spermatic artery or duct. Care in applying the ligature around the resected veins securely so as not to be confronted with a possible hæmorrhage into the scrotum.

With these precautions cases heal rapidly without any accident, and without exposing the patient to an atrophy of the testicle. Finally, this procedure appeals to us as the most rational and direct one for counteracting the painful disorders resulting from a varicocele.

Original Communication.

STRONTIUM ARSENITE *vs.* POTASSIUM ARSENITE.

LIQUOR STRONTII ARSENITIS *vs.* LIQUOR POTASSII ARSENITIS.

With an Original Working Formula for the Preparation of a 1-per-cent. Aqueous Solution of the Arsenite of Strontium—Liq. Strontii Arsenitis, Aquosus, 1 per cent.

By Leon L. Solomon, A.B., M.D.,

Secretary of the Section on Materia Medica, Pharmacy and Therapeutics, of the American Medical Association for 1898, and re-elected for 1899; Director of the Chemical Laboratory, Kentucky School of Medicine, etc., etc.

It is not my purpose, in this short paper, to say anything concerning the value of arsenic as a therapeutic agent, nor to call attention to the application of it in any particular condition. I can readily assume that such is wholly unnecessary, since the members of the medical profession are of one accord with reference to the positive value of this metal, and of its compounds, in the medicinal treatment of many diseased states. However, it shall be my purpose to very briefly compare the two chemical combinations, known respectively as potassium arsenite and strontium arsenite. The former we know, ordinarily, as an official liquor, or, better still, by the name, Fowler's solution, and as such it has come to occupy a prominent place not only in the armamentarium of the physician, but also is valued and highly prized by the lay public, who have very sensible notions regarding its therapeutic activity, and are making frequent use of it without the physician's prescription. I say, we are well aware of the value of this salt, and of its several therapeutic applications. We are also aware, I believe, of its objectionable features, and, among these, more especially of its decided irritant property. When it is acknowledged that the condition which marks the indication for the employment of arsenic,—potassium arsenite,—almost invariably demands that the drug be exhibited for a continuous period of time, and, as is usually the case, that it be given in gradually increasing doses, it can well be understod what an objection this irritant property becomes. It often means that the medicine must be entirely suspended long before it would otherwise be best to discontinue it, or, at least, the size of the dose must, promptly, be so materially decreased as to render the physiological action tardy, and thus delay the result.

This is true of the arsenite of potassium, first, because it contains arsenic, which is always an irritant; but it is true to so considerable an extent, I believe, because of the additional irritation of the potassium. There can be no doubt, then, that the official liquor potassii arsenitis does, sooner or later, disturb the gastric and gastro-intestinal mucous surfaces. This disturbance announces itself in the severe griping pains felt shortly after the dose is swallowed. In some instances the pain appears early, and while the dose is yet small; in others, and more frequently, it appears after a few days, when the gradually increasing dose

Digitized by Google

has come to be intolerable. There is no mistaking, however, that the pain does come, and the patient is at once aware of it, and of its exact cause; and, usually, he rebels until the medicine is stopped or the dose lowered. Assuming that the case in question is one of chorea, or of some skin manifestation, or, possibly, a stubborn malarial cachexia—in any event, it is to be greatly regretted if the arsenic must be discontinued, for no other reason than simply because the *prima via* rebels.

Is there no alternative? Surely, none, so far as Fowler's solution is concerned. Give it in water, give it in milk and *post cibum*, as is the rule, and it will irritate, sooner or later, if it is kept up.

Now, what can be said of the strontium salt? Is it irritating? No. Not in the least irritating? Oh, yes; as a matter of course, extremely-large doses do irritate; but these are not medicinal doses. Merck puts down the dose of strontium arsenite at $^1/_{30}$ to $^1/_{15}$ of a grain. In my opinion the $^1/_{30}$ is unnecessarily large for the minimum dose, and the $^1/_{15}$ is too small for the maximum dose; and I would beg leave to suggest the change whereby the dose is made to range between $^1/_{60}$ and $^1/_{10}$ grain. (See article in "American Therapist," by the author, Vol. VI, No. 2, August, 1897). Now, then, this change of the minimum dose is not urged because the $^1/_{30}$ grain strontium arsenite has been found to irritate. Such is not the case, as is readily perceived, since I at the same time increase the maximum dose from Merck's $^1/_{15}$ to $^1/_{10}$. I suggest the first change to $^1/_{60}$, because the arsenite of strontium seems a very active salt, and in that dose ($^1/_{60}$) often gives a prompt physiological effect; and I increase the maximum dose, without fear of irritation, to $^1/_{10}$ grain, so as to get, in other and tardy cases, the same prompt and decided result. I have employed the strontium salt in varied and varying doses. I have given a large quantity as a beginning dose and maintained it large, or even increased it. I have more frequently made the virgin dose small, then gradually raised it until the patient was taking very large quantities, and have yet to note any unsatisfactory results.

An explanation is not wanting to make this point clear: Strontium is possessed of a decided sedative property, and, in its combination with arsenic, as well as in other combinations, it seems to modify, and, in several instances, to almost entirely control the irritation which certain acid radicals would otherwise surely produce.

This is the most satisfactory explanation for the non-irritating property of the various strontium salts which have been studied up to date, and includes especially the bromide, and, to a less degree, the iodide, also the salicylate and the arsenite, besides others.

Concerning the activity of the arsenic, as such, no objection can be offered to strontium arsenite. The contained arsenic is active, *as arsenic*, to that degree and extent that the physiological effect is promptly obtainable when this preparation is exhibited. The one obstacle which has so long vexed me has been the preparation of an aqueous solution of strontium arsenite. This seemed unattainable, even after a year's experimentation, because of the poor solubility of the salt, Merck's Index to the contrary notwithstanding. For a year I have worked upon this task of making a 1-per-cent. aqueous solution, and would have been satisfied with a $^1/_2$-per-cent. solution. In the meantime I employed a specimen containing considerable dilute nitro-muriatic acid, which latter I found to aid the solubility of the salt considerably. Finally, I was rewarded, and it is my pleasure, to-day, to supply the profession with an aqueous solution of the salt; and to Mr. Edward G. Stetzel, Ph.G., Louisville, is due the credit for the working formula which I here append.

Working formula for the preparation of a 1-per-cent. aqueous solution of arsenite of strontium—Liq. strontii arsenitis aquosus, 1 per cent.:—

Digitized by Google

℞ Strontii arsenitis, gr. 4.8.
Potassii bicarbonat., gr. xx.
Alcohol, ℥ss.
Spt. aurantii comp., gtt. ij.
Syrupus, ℥j.
Aquæ destil., q. s. ad ℥j.

Triturate the strontium arsenite with gr. x of potassium bicarbonate.

Transfer to a small poreclain capsule, and add ℥ij distilled water, applying heat until the boiling point is reached. The resultant clear solution is to be decanted, and the residue treated with a smaller portion of the bicarbonate and about ℥j of water.

When another clear solution is ready to decant, to the balance of the residue yet a smaller quantity of the potassium bicarbonate and a very little water is added. This process is repeated until no residue exists. The compound spirit of orange is now dissolved in the alcohol, and, after the syrup is added, the various solutions are mixed together and filtered, when water sufficient to make ℥j completes the process, and a permanent, clear, aromatic 1-per-cent. aqueous solution of the arsenite of strontium—"liq. strontii arsenitis, aquosus, 1 per cent."—results.

As easy as the preparation of this solution actually is, when the above "working formula" is followed, just so difficult was it without this formula. Chemically, pharmaceutically, and physiologically the solution seems perfect.

I will be most pleased to hear from any one concerning it, and take this occasion to warmly recommend not only this salt of strontium, but the phosphate, the salicylate, the anhydrous bromide, the iodide, the lactate, and the acetate, whose therapeutic value is firmly established in my mind. In each one of the salts named the sedative property of the base is manifest, and this fact alone at once recommends these preparations to the therapeutician as superior to the analogous potassium and sodium compounds.

323 W. Walnut Street.

Abstracts.

Renal Hæmophilia.

At a meeting of the Surgical Society M. Nimier cited a case of essential hæmaturia which he had observed in a man of 22 years. The passage of blood had followed an abdominal injury, lasted for five years and was not relieved by rest. As the bladder was healthy and the left kidney appeared painful M. Nimier performed lumbar nephrotomy, and having found several indurated points in the kidney removed the organ. The patient recovered, but not long afterward again began to pass blood. Histological examination of the kidney showed the lesions of interstitial nephritis. M. Nimier concluded that in this case the hæmaturia was symptomatic of the nephritis and that, under the conditions, the operation was not indicated.—La Tribune Médicale.

Spontaneous Cure of a Large Erectile Tumor of the Tongue.

At a meting of the Medico-Chirurgical Society M. de Molènes described the case of a female infant, three weeks of age, in whom there was a considerable prolapse of the tongue which was more than doubled in size, violaceous and turgescent. The first thought was of a simple or macroglossic congenital prolapsus. In raising the point of the tongue, however, it was found that the enlargement was due to a globular tumor, occupying the whole lower surface and projecting upon each side, slightly constricted in the median line by the frenum, of a general violet, livid hue, enlarging during crying and suckling and the seat of evident pulsation. The case, therefore, was one of capillary erectile tumor of very large size. The babe was rather small but presented no constitutional or hereditary taint. The mother was healthy and had borne two perfectly well formed children. Notwithstanding its enormous tongue the

Digitized by Google

child seemed to nurse and thrive almost normally. No provisional treatment was instituted. The condition of the tongue remained stationary for about five months, when the volume began slowly to decrease until at seven and a half months, although large, it could easily be retained within the mouth. At a year there was no projection of the tongue and at three years the organ was merely a little larger and thicker than normal. Upon the right of the frenum there was not a trace of the congenital tumor, but upon the left there was a slight violaceous projection, not subject to pulsation. It follows that in large and even extremely bulky congenital tumors of the tongue it is proper to wait, according to the advice of Paul Dubois and Depaul.—La Médecine Moderne.

A Case of Blue Nasal Secretion.

At the annual Congress of the French Society of Otology and Laryngology M. Molinié, of Marseilles, related the case of a young woman, 25 years of age, in whom, after a very severe attack of grippe, accompanied by intestinal, gastric, and nervous symptoms, there occurred a discharge of blue secretion from the nose. In the beginning the discharge was generally viscous and colorless. Several times during the day, however, the mucus was streaked by lines of blue as deep as methylene blue. Examination of the nasal fossæ demonstrated that the source of the secretion was the middle meatus of the right side.

Bacteriological investigation revealed the presence of a short, squat bacillus with rounded extremities, colored by methylene violet and gentian violet and retaining its color under the Gram reagent. Although cultures did not yield the characteristic blue color it is very probable that this case of blue chromorhinorrhœa was due to the development of a pyocyanic colony in the frontal sinus of the right side.—Revue Hebdomadaire de Laryngologie, etc.

Syphilitic Ulcer of the Stomach.

M. Dieulafoy reported to the Academy of Medicine the case of a patient under his care on account of an ulcer of the stomach from which he had suffered for a year or eighteen months. He had been under the care of several physicians and always manifested the same symptoms, which no treatment seemed to alleviate. At last, the symptoms being so serious and the vomiting so incessant surgical intervention was proposed. At this time the patient entered the service of M. Dieulafoy.

As M. Kahn, M. Dieulafoy's chief of clinic, found syphilitic scars upon the limbs of the patient the suspicion arose that the gastric ulcer was due to syphilis. In fact the first symptoms of the ulcer had begun when the man was covered with a secondary eruption. M. Dieulafoy then ordered specific treatment by means of hypodermic injections of biniodide of mercury in oily solution, the daily dose being 4 milligrammes (about one-sixteenth of a grain). After the seventh injection the patient ceased to vomit and after the fourteenth he was able to eat any food. Subsequent to this time he took a few grammes of the iodide.

After the thirtieth injection he left the hospital, having gained several kilogrammes in weight.

This case is absolutely typical. Several instances of syphilitic ulcer of the stomach have been reported. From the anatomo-pathological point of view we may refer to the case of Cruveilhier (1838), of Lancereaux and of Cornil (1879), in which last there existed a gastro-hepatic gumma.

In 1891 Chiari published an important study of the subject in which he showed that syphilitic ulcers of the stomach may be simple specific ulcers or ulcerated gummata. As regards clinical observations we may recall the two remarkable cases of Andral, those of Gaillard (1886), and those reported by M. Fournier at the commencement of this year.

Digitized by Google

In concluding M. Dieulafoy drew the special attention of physicians to the fact that gastric ulcers may be of syphilitic origin. He sums up his communication in the following propositions:—

1. Syphilis of the stomach is not so rare as has been supposed.

2. Syphilitic lesions of the stomach present themselves under various forms, as hæmorrhagic erosions, ecchymoses of the mucous membrane, gummy infiltrations of the submucosa, gummy patches, circumscribed gummata, and cicatrices of ulcerated gummata.

3. Here, as in all losses of substance of the walls of the stomach, it is probable that the gastric juice continues what the original ulcerative process began.

4. The symptoms of syphilitic ulcer of the stomach may recall those of simple ulcer: pain in the back and at the xiphoid appendix, gastric intolerance, vomiting of food, abundant or trifling hæmorrhage from the stomach, melæna and cachectic emaciation.

5. None of these lesions warrant the diagnosis of gastric syphilis. When, however, the symptom occur in a syphilitic we are justified in supposing that the gastric lesion is itself syphilitic.

6. We should, therefore, never forget to seek for syphilis in the antecedents of a patient attacked by symptoms of syphilitic simple ulcer.

7. Under such circumstances syphilitic treatment should be instituted.

8. The recognition of syphilis as a cause of gastric ulcer is all the more important because it puts us in the way of curing patients that we should be tempted to deliver up to the surgeon.—La Médecine Moderne.

Orchitis of Mumps Without Swelling of the Salivary Glands.

At a meeting of the Medical Society of the Hospitals, M. A. Beclere spoke of the recently observed case of a boy, 15 years of age, who was suddenly attacked by an apparently spontaneous acute orchitis which was neither preceded nor followed by the least swelling of the salivary glands. The very abrupt beginning of the orchitis after several days of general indisposition and fever which reached 40° C. (104° F.), the absolute integrity of the urethra, the absence of every other appreciable cause, led to the suspicion that mumps was the origin of the orchitis, although a very distinguished surgeon, by reason of the marked involvement of the epididymis in the inflammatory process, had suggested the possibility of an acute tuberculous orchitis. The rapid resolution of the inflammation was in favor of the diagnosis of mumps.

A confirmation of the diagnosis lay in the fact that when the youth had last been at college, before the advent of the disease, three of his fellow students had been withdrawn from their classes on account of having mumps. The diagnosis was rendered certain by the circumstance that two of the lad's sisters were successively attacked by mumps with the classical symptom of swelling of the parotid gland, the one fifteen and the other twenty-three days after the beginning of their brother's illness.

This case, by confirming once more the occurrence of orchitis of mumps without swelling of the parotid gland, shows, above all, that in the obscure forms of contagious diseases the study of the relations of a case to cases which precede and follow must constitute one of the most important factors in the diagnosis.—La Médecine Moderne.

Auditory Disturbances of Tardy Hereditary Syphilis.

Dr. Carlo Montari writes that the auricular manifestations of late hereditary syphilis are observed both in the middle and internal ears. The middle ear is the seat of a chronic otorrhœa characterized by the appearance of exuberant polypoid granula-

Digitized by Google

tions which visibly reproduce themselves after destruction and yield only to specific treatment. It is true that an exact otorrhœa is not always observed and that in some cases cicatrices and calcareous deposits are found in the membrana tympani. In these instances the welfare depends upon the exactitude of the diagnosis.

As regards the internal ear, whenever very pronounced, if not complete, deafness occurs suddenly, syphilis should be suspected and treatment instituted by means of subcutaneous injections of pilocarpine, which, in conjunction with general treatment, gives, in these cases, the best results. —Revue Hebdomadaire de Laryngologie, etc.

A Fatal Case of Asthma.

At a meeting of the Society of Internal Medicine of Berlin A. Fraenkel made a communication in regard to a case of asthma which terminated fatally and in which the small and middle-sized bronchi were found at the autopsy obliterated by mucous plugs composed of cylindrical epithelium. The case was, therefore, one of desquamative catarrh of the bronchi. The patient was a man, 63 years of age.

In studying this case Fraenkel observes that we cannot claim for bronchial asthma a single anatomo-pathological basis. He believes that that disease may depend upon various morbid conditions of the mucous membrane. Sometimes there is an exudation of a viscous and vitreous mass with formation of Curschmann's spirals, with or without fibrous coagula. In other cases the patient ejects, especially in the chronic stage, an abundance of frothy, liquid sputum, poor in albumin. Too much importance, therefore, cannot be attached to an examination of the sputum in the diagnosis of bronchial asthma. The characteristic signs of the disease, in fact, are not produced by the lesions of the mucosa of the air-passages only, and the totality of clinical symptoms can only be explained by special predisposition of the nervous system.

In concluding Fraenkel mentioned an interesting case of grave essential asthma which he had observed in a man 25 years of age. For six consecutive days the patient was distressed by extreme dyspnœa, with Cheyne-Stokes respiration and loss of consciousness coming on periodically at a certain time (8 o'clock). Large doses of morphine, chloral, and warm baths with cold affusions were administered without success. The treatment which was most successful was the hypodermic injection of hyoscine hydrobromate in doses of .0005 to .001. This drug had no deleterious effect upon the heart.—La Tribune Médicale.

Spontaneous Myxœdema of the Adult.

M. Debove reports the case of a woman who presented a swollen face resembling that of myxœdema. The hair fell in great quantity, that which was left being lighter and lanugo-like. The eyebrows were scanty, the hair of the axillæ and pubis had almost disappeared. The skin was dry and when scratched gave a slight furfuraceous desquamation. Several patches of vitiligo existed. The finger nails were streaked, split, scaly, and punctured. They were particularly affected at the lunula. The nails of the toes were black and deformed and finally fell. There was no obvious projection of the thyroid body, but, on the contrary, it could not be recognized by palpation in front of the larynx. There was mental and physical debility. Some time subsequently the patient was seized suddenly by intense headache, lumbar curvature, pains in the limbs, chills, fever, and cough. A diagnosis of influenza was made, but eight days later two epileptiform attacks occurred and the patient fell into coma. The autopsy revealed the presence of numerous miliary tubercles in the peritoneum, pleura, and meninges. Some were also present in the lungs, liver, and kidneys.

Digitized by Google

The thyroid gland was macroscopically of normal color and consistency, but was very small and weighed no more than 7.50 grammes (about 116 grains). The histological examination showed conclusive evidence of beginning thyroiditis.—La Tribune Médicale.

Atrophy of the Optic Nerve in Locomotor Ataxia.

Silex has determined from personal observation that 15 per cent. of ataxic patients present lesions of the optic nerve. These lesions are often precocious and occur during the pretaxic period. There is then observed a slow progress of the spinal disease. As regards the oft discussed relations between syphilis and tabes, Silex, out of 54 cases of tabetic atrophy of the optic nerve, has noted 44 cases of syphilis—*i.e.*, 81.5 per cent. Of eight women seven were syphilitic subjects. From this point of view it is necessary to attach a particular significance to atrophy of the base of the tongue described by Virschow and often considered as a syphilitic complication. Silex has met with this manifestation 16 times in 54 cases. It is never present in non-syphilitic patients.

The manner in which optic atrophy develops is very obscure. It has no direct local relation with the sclerosis of the posterior columns. Some writers admit an ependymitis with alteration of the vascular centres of the fourth ventricle determining an affection of the optic nerve, exhibited to the microscope by diffuse total degeneration or by islands of fibres of the nerve. Treatment gives variable results. Some patients bear mercurial inunction well and seem to improve under the practice. Nevertheless, there is no objective amelioration, and three months later the acuity of vision again declines. In other cases the sight fails rapidly during the mercurial treatment, which has to be abandoned, and we are unable to regain lost ground.

Silex maintains that tabetic atrophy of the optic nerve is never really ameliorated by the mercurial inunctions and that when improvement is produced there has been an error in diagnosis. On the other hand, this method of treatment has pernicious effects in many cases. The same is true of potassium iodide, which acts upon the inflammatory products of interstitial tissue.

Unfortunately, many patients absorb varied doses of iodide, to the great harm of their stomachs. Silex has endeavored to discover whether we can act upon the optic nerve by means of feeble galvanic currents of 2 to 5 milliampères applied to the cranium and neck. He experimented upon trephined dogs. A current of 2 milliampères caused weak contractions, which soon became very violent when a current of 5 milliampères was employed. The current applied to the exposed spinal cord produces convulsions. It seems, therefore, very probable that electricity might cause therapeutic effects in optic atrophy. Silex, however, has never obtained the least advantage from its use. The acuity has continued to decrease until reduced to zero. It was the same with other therapeutic measures. Strychnine, silver, thermal treatment and suspension all failed.—La Médecine Moderne.

Elephantiasis of the Tongue.

Dr. Marchal reports the case of a female child, thirteen months of age, who was brought to him in October of 1896 on account of a very hypertrophied tongue which hung out of the mouth and gave a very repulsive aspect to the face. From the mouth, always open, flowed an abundance of saliva and there was ample opportunity for the entrance of infective germs into the back of the throat and pulmonary passages. The babe took nourishment with difficulty. The surface of the tongue was rough to the touch and studded with hypertrophied papillæ. Its lower surface was marked by turgid, flexuous, and manifestly varicose veins. The lower jaw was pushed forward

Digitized by Google

and downward. The child had, from the day of its birth, a great difficulty in taking the breast. It was necessary to feed her by the spoon. She was also the subject of a considerable abdominal hernia.

Dr. Marchal performed a conoid amputation of the tongue, diminishing the size of the organ by one-half. Several weeks later it could be entirely contained in the mouth. At the date of the report the child could close the mouth without trouble, speak and eat like any ordinary child of the same age. Her intelligence has taken a rapid development, mastication is normally performed, dentition is almost complete and the physiognomy is entirely changed. Histological examination showed the case to be one of elephantiasis of the tongue.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

A Method of Overcoming Tuberculosis.

In a personal communication to the Editor of THE MEDICAL BULLETIN, Dr. Charles Francis, of Brooklyn, N. Y., describes a method upon which he relies to produce a prophylactic and remedial effect in pulmonary tuberculosis. Nature's prophylactics he considers to be the phosphorized compounds of the nervous tissue in conjunction with a fatty acid. The compounds are lecithin, cephalin, myelin, glycerophosphoric acid, and succinic acid. In order to secure prophylaxis Nature requires, according to Dr. Francis, fatty bases and a phosphorized oil. These are to be brought into direct contact with the lung-tissue by means of inhalation. The preferable fatty bases are given as codliver-oil, 2 parts; sweet butter without salt and tried out beef-suet, of each, 1 part. The mixture is directed to be inhaled through a compressed-steam atomizer. Inspirations are not to exceed five minutes at a *séance*. The inhalations are given morning and evening. In mixed infections of other portions of the body, or where inhalation cannot be advised, Dr. Francis recommends the internal use of a mixture of sulphurous acid and chlorine-water. This acid-chlorine mixture is alternated with the prophylactics.

Chlorate of Sodium in Dyspepsia.

At a meeting of the Therapeutical Society M. Soupault said that in 1893 M. Brissaud had recommended chlorate of sodium in the daily dose of 12 to 16 grammes (3 to 4 drachms) in the treatment of cancer of the stomach. He thus obtained cessation of pain and hæmorrhages, together with an amelioration of the general condition. Soupault has made use of the same salt in the maximum dose of 8 grammes (2 drachms) in the treatment of dyspepsia. He has by this means obtained excellent results. All his cases in which there was an excess of hydrochloric acid were benefited and the effect was most brilliant in those patients having gastric crises. The action of the drug upon the subjects of neurasthenia and nervo-motor dyspepsia was doubtful. In short, it seemed that the chlorate of sodium, capable in large doses of producing albuminuria and nervous disturbances, acts by delaying and diminishing gastric sensibility.—La Médecine Moderne.

Acetate of Thallium in the Night-sweats of Phthisis.

M. Huchard has made a report upon the use of acetate of thallium in night-sweats, as advised by M. Combemale, in the daily dose of 10 centigrammes (1.5 grains). M. Huchard states that the drug has, indeed, a powerful effect, but sometimes exhibits two serious drawbacks: It is liable to cause fall of the hair and may produce almost total baldness within twenty-four hours. In two patients it also produced severe pains in the lower limbs. M. Huchard, therefore, believes that the drug is not to be recommended.—La Médecine Moderne.

Digitized by Google

Infantile Diarrhœa.

Symes, in the Dublin Journal of Medicine (Therapeutic Gazette, June, 1898), suggests the following prescription for a child of three months, as a sedative in cases of infantile diarrhœa:—

℞ Tinctura opii camphorata, min. j.
Glycerini acidi carbolici, min. ij.
Olei ricini, min. v.
Mucilaginis acaciæ, min. xv.
Aquæ menthæ piperitæ, q. s. 3j.

This to be given every four hours.—Medical Fortnightly.

Enteritis.

In cases of nursing infants, where, after taking milk, there follows a colicky condition, with griping pains, etc., the administration of a purge is beneficial. The following is an excellent prescription:—

℞ Strophantus, gr. $^1/_{250}$.
Sodii bicarb., gr. ss.
Lactopeptin, gr. j.
Ol. cajuput, min. j.
Tr. valerianæ arom., min. v-x.
Glycerinæ, gtt. xx.
Aq. anethi., dr. ij.

M. Sig.: Three or four times daily.—Dr. J. J. S. Doherty, New Haven, Conn., in the Medical World.

Anaphrodisiac Action of Thyroidine.

Among the effects of thyroidine medication, Dr. A. Rivière reports one which, he believes, has not heretofore been observed. He refers to its anaphrodisiac action in two obese and arthritic subjects who had been taking thyroidine for several months. The patients became considerably reduced, and the impotence ceased only after the use of the remedy had been suspended for some time. According to the author, this action may, perhaps, explain the success obtained by injecting thyroid preparations in the treatment of uterine fibromas, and particularly the hæmorrhages caused by these tumors. Thyroidine may hence, perhaps, be profitably employed in treating prostatic affections due to congestion of the genito-urinary organs.—American Medico-Surgical Bulletin.

Acute Diarrhœa in Infants.

Dr. Charles Gilmore Kerley, in the New York Medical Journal, writes: Closely following upon the administration of the calomel and change in the diet, the following prescription, or some modification of it, is ordered:—

℞ Bismuth subnitrate (Squibb), 12 to 20 grains.
Bismuth salicylate, 1 grain.
Water, enough to make 1 drachm.
Aromatic tincture of rhubarb, 1 to 2 minims.

This is given hourly, twelve to twenty grains to a child 1 year old. The limit to bismuth subnitrate (Squibb) is twenty grains hourly. This drug, when given frequently in large doses, combined with a small amount of bismuth salicylate, 1 to 2 grains, will give most satisfactory and many times astonishing results. Small doses are without value.

Treatment of Hepatic Congestion.

Monin recommends the following:—

1. Let the patient take daily in a wineglassful of hot water a teaspoonful of the following powder:—

℞ Bicarbonate of sodium,
Sulphate of sodium, of each, 900 grains.
Phosphate of sodium, 600 grains.
Benzoate of sodium, 300 grains.

2. Before meals in a cachet:—

℞ Powdered ignatia amara, 1 $^1/_2$ grains.
Powdered squill, 1 $^1/_2$ grains.
Sulphate of sparteine, $^3/_4$ grain.
Amorphous quassine, $^3/_4$ grain.
Theobromine, 3 $^3/_4$ grains.

Two cachets to be taken daily.

Digitized by Google

3. After each meal in a wineglassful of water a teaspoonful of the following mixture:—

℞ Pure glycerin, 6 1/4 ounces.
Tincture of boldo, 3 1/8 ounces.
Lactic acid, 225 grains.
—New York Medical Journal.

Broncho-pneumonia in Children.

Dr. Gaston-Lyon recommends the following prescription:—

℞ Syrup of gum,
Syrup of Tolu, of each, 2 ounces.
Cognac, 150 minims.
Acetate of ammonium,
Benzoate of sodium, of each, 22 1/2 grains.

M. A dessertspoonful every hour or two hours, according to age. If the cough is very troublesome a little of the tincture of belladonna may be added to the above prescription.—New York Medical Journal.

A Mixture for the Fœtid Diarrhœa of the Initial Stage of Scarlatina.

Filatov recommends the following:—

℞ Sulphite of magnesium,
Liquid sulphuric acid, of each, 60 grains.
Distilled water, 6 ounces.
Syrup, 450 grains.

M. A teaspoonful or tablespoonful, according to the child's age, from hour to hour. This draught is markedly anodyne, and is well taken by little children.—New York Medical Journal.

To Disguise Quinine.

Dr. J. W. Barker, of New Haven, Conn., recommends:—

℞ Quiniæ sulph., dr. ss.
Syr. rhei aromat., oz. iiss.
Tr. lavend. comp., dr. j.
Syr. zingiberis, dr. iij.
Dose: pro re nata.

After-pains.

Dr. W. F. Ball, of Mantua, Ohio, says in the Medical Council that after-pains can be controlled by

℞ Fl. ext. caulophyllum, ℥j.
Fl. ext. cimicifuga, ℥ss.
Water, ℥ij.
M. Sig.: Teaspoonful every half hour.

Dry Stools.

Dr. H. A. Hare prescribes:—

℞ Tinct. lobeliæ, gtt. v vel x.

Or—

℞ Extract. lobeliæ fluid., gtt. iij vel v.
Extract. rhamni purshian. fluid., gtt. xxx vel xlv.

This makes an excellent purgative.—Dunglison's College and Clinical Record.

Conium.

The summarized conclusions of the Therapeutic Committee are thus stated in the British Medical Journal:—

Reviewing the whole of the evidence in the course of this inquiry, it appears that the following conclusions may be drawn:—

1. That the use of the extract of conium is fairly wide-spread.

2. That it is used both internally and externally.

3. That its use in each case appears to be dictated by the desire to relieve pain or to allay irritation or spasmodic affections.

4. That when employed internally it is generally used as an adjunct to other preparations of greater potency, and that there is but little evidence that it is of any value when given alone.

5. That when employed externally it has also been generally used with other sedatives, and, though there is some evidence of its power to relieve pain, the indications of its utility are only scanty.

6. That the range of dose employed appears to indicate either lack of active properties or lack of uniformity of strength;

Digitized by Google

and that there are still a certain number of practitioners who would welcome a new solid preparation of conium, if by any pharmaceutical device such a preparation can be made of constant strength.

Chronic Myringitis.

M. Stetter employs, as an external remedy:—

℞ Sozoidol, gr. iv.
Absolute alcohol, min. xv.
Castor oil, 3iiss.—M.

—St. Louis Clinique.

Cearin a New Ointment Base.

Issleib describes a new base for ointments, which he names cearin, and prepares as follows: One part of white carnauba wax and four parts of paraffin are fused together, and the mixture constantly stirred until cool. The white carnauba wax employed in the preparation of this new base consists of a mixture of 25 parts carnauba wax and 75 parts of ceresin which has been bleached. It has heretofore not been possible to obtain a white mixture which contained such a high percentage of carnauba wax. While it is true that mixtures of carnauba wax and beeswax, in any proportion, are readily bleached, their mixtures are totally unfit for pharmaceutical uses on account of a tendency on the part of the wax to become rancid. Bleached carnauba wax is found on the market in the form of snow white blocks, which, being saponified only with difficulty, are very permanent. It is of interest to note that wool fat contains two constituents common to carnauba wax, namely carnaubic acid and carnaubyl alcohol.

Cearin prepared in accordance with the above formula presents the appearance of a snow white, fairly soft ointment-like mass, of uniform consistence throughout. It possesses the necessary degree of chemical constancy to make it available as a substitute for ung. paraffini (petrolatum molle, U. S. P.). Ointment of potassium iodide without thiosulphate, ointment of red mercuric oxide, and ung. plumbi p. g. (ceratum plumbi subacetatis, U. S. P.), prepared with this base have remained unaltered for over one year.

The advantage of most importance that it possesses over the ung. paraffini is its property of mixing with and holding large quantities of water. While the incorporation of water to the extent of from 3 to 5 per cent. with ung. paraffini is only accomplished with much difficulty, in the case of cearin the incorporation of from 15 to 18 per cent. is accomplished with ease. This immiscibility with water on the part of ung. paraffini serves to limit its use for pharmaceutical purposes to a great extent, and is the chief reason which has led to the employment of lanolin in its stead. An ointment base which possesses the property of assimilating 15 to 18 per cent. of water, as does cearin, therefore fills an actual want. This is instanced in the case of ung. plumbi.—American Druggist and Pharmaceutical Record.

Deafness.

"In conclusion I would add a few words on some recent improvements in otology, one being the use of thiosinamin to be taken internally for the relief of deafness of the usual type. I have found it useful in some cases where not too far gone. Then again the introduction of yeast ferments into the middle ear by means of the syringe in cases of high degree of deafness seems to promise much in this generally hopeless field of investigation and practice."—Dr. James A. Spalding, of Portland, Me., in Journal of Medicine and Science.

Electuary for Gouty Rheumatism.

Sodium salicylate, 30 grammes; sodium nitrate and potassium iodide, of each, 20 grammes; colchicum oxymel, 100 grammes; rob of lappa, 300 grammes. F. s. a. A

Digitized by Google

tablespoon morning and night in half a glass of alkaline water. Continue for forty days (G. Baccelli). — Journal American Medical Association.

Tincture of Iodine in Acute Gastro-enteric Infections.

Grosch uses the following formula in cases of acute infectious gastro-enteritis, accompanied by vomiting, purulent dejecta, pains in the head and the limbs, etc.:—

℞ Tincture of iodine, 15 to 18 drops.
Simple syrup, 300 grains.
Distilled water, to make 5 ounces.

M. One tablespoonful every one or two hours, or three times daily, according to the gravity of the disease.—New York Medical Journal.

Nephrolithiasis.

Dr. Charles Greene Cumston, of Boston, Mass., in the International Medical Magazine, says that in the attempt to dissolve renal concretions by alkalines he has frequently ordered the following combination with apparently happy results:—

℞ Sodii phosphat.,
Sodii bicarb., of each, 45.0.
Lithii carbonat., 10.0.

D. in scatul.
S. A dessertspoonful dissolved in a glass of water, thrice daily.

Danforth speaks most highly of the potassium citrate in the dose of 2 grammes every three or four hours, and the writer has prescribed it with good results as follows:—

℞ Potass. citrat., 1.00.
Sodii bicarb., 0.50.
Lithii carb. efferves., 0.25.

In chart. No. I. D. tal. dos. No. xx.
Sig.: Take four or five powders daily in a glass of water.

When there is pyelitis the writer has given urotropin, dose, 50 centigrammes in water several times daily, on account of its real antiseptic properties in the genito-urinary tract, or the following formula:—

℞ Acidi benzoic.,
Natrii salicylat., of each, 3.0.
Aq. chloroform., 90.0.—M.

D. S. To be taken in four doses during the day.

For severe hæmaturia we have employed ferripyrin in several cases with a satisfactory outcome, combined as follows:—

℞ Ferripyrini, 1.0.
Tinct. gentian. comp., 10.0.
Syr. cort. aurant., 90.0.—M.

D. S. Take a dessertspoonful every two hours.

Or

℞ Ferri albuminat., 0.25.
Acidi tannici, 0.05.
Sacchar. alb., 0.50.

In chart. No. I. D. tal. dos. No. xv.
D. S. Take three to four powders daily according to indications.

A cure at some mineral water resort is really of some value, and at these places the advantages of producing oxidation of uric acid by baths, strict attention to diet and a well-directed exercise, tend to have an excellent action.

Local Inflammations.

The International Journal of Surgery says: In place of the old-fashioned lead lotion use Burow's solution, which is more efficient and agreeable. Its formula is as follows: Acetate of lead (crystallized), 3 drachms; alum, 1 ounce; water, 12 ounces. Mix well and filter, and before use dilute with four parts of water. Compresses of gauze soaked in this solution are very serviceable in the treatment of local inflammations, subduing swelling and alleviating pain.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Sept., 1898.

THE BRITISH MEDICAL ASSOCIATION.

THE sixty-fifth annual meeting of the British Medical Association was held in Edinburgh in the latter part of July. The session was very interesting and successful from every point of view. A large concourse was assembled from every part of the United Kingdom, including a liberal representation from the colonies. Many of those present had pursued their undergraduate studies at the Athens of the North. To these particularly, but to all in general, the historical and professional, as well as social, attractions of the Scottish metropolis were a constant cause of delight. The reunion of fellow students, the meeting with old teachers, the return to the haunts of one's youth is, undoubtedly, one of the great sources of pleasure in such congregations. To the man of culture, graduated from whatever school, the importance of Edinburgh as a scientific centre is a familiar story.

The proceedings of the Association give evidence of the continued interest in progress which is characteristic of its members. The opening addresses of the general body and the various sections outlined the advances and improvements which the revolving year had brought to our science and art.

The President, Sir T. Grainger Stewart, devoted his address to a thoughtful consideration of the reciprocal duties of our profession to the community and of the community to the profession. As regards the former branch of the subject it may be claimed that, in the main, the duty of the profession is discharged with intelligence and fidelity. The profession is constantly striving to improve its methods both of instruction and practice. The grand object of such meetings as that which we record is to spread through our ranks a knowledge of the latest discoveries and to elicit the best and most promising methods of treatment. It is twenty-eight years since the British Medical Association last met in Edinburgh, and in that interval great and revolutionary changes have been made in many departments of our profession. As one of our duties to the public the speaker adverted to the noteworthy decrease in the mortality of infectious and other diseases.

The duty of the community to the medical profession is to give us every facility to carry out our proper work. Without question, when there is intelligent co-operation between the profession and the public the conditions are most favorable for true progress. The particular field in which physicians and the laity should move in harmony is, of course, in matters of legislation relative to the prevention of disease. There have been, especially during the last quarter of a century, so many conclusive demonstrations of the value and efficacy of protective methods that it would certainly seem that every popular representative should by this time realize that such methods more than justified whatever public expense they entailed. The first expense of such beneficial projects is, in course of no long time, much more than repaid by the saving of continued outlays, and, what is of much more importance, by the saving of human life. We are, however, only on the outskirts of such a sanitary millennium. We may dimly perceive the promised land, more by imagination, perhaps, than by actual sight; but the vision, imperfect though it be, urges us to push forward towards our goal. Our path.

Digitized by Google

we are sorry to say, is not always straight. At best it is but zigzag.

In common with every enlightened member of the profession, Sir Grainger Stewart is compelled to deplore a bill on the subject of vaccination which has just passed Parliament. This is a distinctly reactionary bill, but it has been passed in such an ambiguous shape that it can scarcely be said to please any section of the public. By those wrong-headed people who call themselves antivaccinationists the bill as it stands is regarded as a triumph for themselves, and they seem to have sufficient reason for their belief. In brief, the bill allows a parent or guardian to be free from penalty if he is able to satisfy two justices in petty sessions that he has conscientious objections to the practice of vaccination. Such a clause practically nullifies the efficiency of the Act.

Sir Grainger Stewart, in the latter portion of his address, spoke briefly of the importance of the training of our successors and of guarding the portals of the profession.

The address on "Medicine" was delivered by Dr. Thomas Richard Fraser, the distinguished Professor of Materia Medica and Clinical Medicine in the University of Edinburgh. The orator took for his subject the toxic origin of disease. Professor Fraser has himself been an earnest and original worker in this field and his remarks were an admirable presentation of the state of knowledge on this extremely important topic. He sketched the progress of discovery by which fermentation was shown to depend upon the activity of micro-organisms, as well as the next step in advance, which connected the origin of certain diseases with the development of similar microscopic structures. He furthermore described the progress of experiment and opinion by which it came to be recognized that it is by means of their chemical products that these bacteria produce disease. The genesis of an infectious disorder, therefore, is analogous to that of an intoxication. The power of these chemical products may be inferred from the statement that one milligramme (one-sixty-fifth of a grain) of the dry poisonous constituents of tetanus toxin is sufficient to kill a horse, or 600,000,000 times its weight of living tissue, while the hyperthermal effects of tubercle toxin are appreciable when the dry toxin in doses of from one to two-tenths of a milligramme is injected, representing a strong reaction on 60,000,000,000,000 of its weight of living human substance. Such results are truly remarkable and prefigure the advent of new forces in therapeutics.

By such a train of thought the speaker was naturally led to the subject of therapy by means of toxins and antitoxins, as well as the production of immunity. Again, closely connected in principle with the general subject are the very suggestive researches which Professor Fraser has been carrying on concerning the action of serpent venom and the means of counteracting its effects.

The address on "Surgery" was by Professor Thomas Annandale. The speaker, in wise and pointed words, dealt with his subject in its scientific aspect, its practical aspect, and its moral aspect.

In his address at the opening of the Section of Obstetrics and Diseases of Women, Prof. A. R. Simpson related an interesting fact. His greeting comes from the oldest Chair of Midwifery in the world, having been founded in the year 1726, the next in seniority being that of Strassburg, instituted two years later, in 1728.

FIBROMA OF THE UPPER EYELID.

FIBROMA of the eyelid, originating in the subcutaneous tissue, is one of the rarest of manifestations. Therefore, Prof. W. Goldzieher, of Budapest, has placed on record a case which came under his care and which is worth reproducing in abstract in

Digitized by Google

these columns, not only on account of its rarity, but also for its individual interest.[1]

The patient was a robust young man, 20 years of age, whose face exhibited an astonishing asymmetry. The upper border of the right orbit jutted prominently forward and was covered with a huge brow which the author likens to that of a lion. It was very much more prominent than that of the left side. The space between the brows was unusually broad, and upon its right side was a protuberance as large as a walnut, composed of thickened skin. The whole right half of the face was enormously broad compared with that of the opposite side. The basis of this amplification was a remarkable thickening of the skin and, as far as could be judged by touch, a hyperplasia of the subcutaneous tissue extending to the forehead and temporal fossa. In the latter situation the thickened integument gave the sensation of a silk-stuffed cushion. The immensely thickened skin was movable and of the same color as upon the unaffected side. There was no evidence of preceding inflammation. Upon the forehead the hyperplasia extended nearly to the middle line and almost to the border of the hairy scalp. Behind it reached the external ear, and upon the cheek it gradually lost itself in the normal integument. Upon the unaffected surface the only alteration to be found consisted of scars of small-pox which had occurred so long ago that the young man retained no recollection of the attack.

The most important alteration, however, was upon the right upper lid. The skin was thin and in itself displayed nothing apparently abnormal, but hung downward like a purse over the lower lid and border of the orbit. The eye was completely hidden and could not be opened by the utmost exertion. Within this purse of skin could be felt a soft, movable and painless mass, thickest at the lower border of the tumor and arranged above in the form of bands which blended with the hyperplastic tissue of the supraorbital region. Upon raising the lid the eye was found to be freely movable, endowed with good vision and the fundus was normal.

The growth of hair upon the affected cheek was unusually thick. The left side of the face was normal in every respect.

The patient descended from a healthy stock and had never been ill as far as he could recollect. He had never been afflicted with pain or redness in the eyes. He thought that his face had always been deformed, but until about three years previously he had been able to raise the lid. He was very anxious that an operation should be performed. Accordingly, two weeks after his first appearance the tumor of the lid was removed by Professor Goldzieher. The operation was attended by no difficulty, but there was considerable hæmorrhage. Recovery took place without incident. The upper lid was then freely movable. A few weeks later, however, the young man returned requesting that his cheek should be retrenched. This request was granted and a cosmetic operation was performed.

The skin excised from the eyebrow was found to be the seat of a pure hyperplasia of extreme degree, involving all its layers. Inflammatory alterations could be excluded. The hyperplasia also affected the cutaneous glands and the hair follicles. There was no dilatation of the lymph vessels or spaces. The general aspect under the microscope was similar to that of the tumor of the eyelid, which was demonstrated to be a fibroma. The author looked upon the tumor as having originated in fœtal life. He devotes some space to differentiating his case from elephantiasis of the eyelid. In former years it was the custom to give the name elephantiasis to every neoplasm of that locality characterized by excessive size and permanence. Cases of true fibroma are known to have been described under that title. The clinical history and the pathological appearances, however, are sufficient to distinguish the two diseases.

[1] Centralblatt für Praktische Augenheilkunde, June, 1898.

Digitized by Google

Medical News and Miscellany.

Southern Minnesota Medical Society.—The Southern Minnesota Medical Society met this year at Rochester, Minn., on August 4th.

Memphis City Hospital.—Memphis has just completed, at an expense of $70,000, a finely equipped city hospital. A training-school for nurses is to be attached to the hospital.

French Urological Association. — The third meeting of the French Urological Association will be held at Paris, from the 20th to the 22d of October. Professor Guyon will preside over the sessions. The subject of discussion will be "Infections of the Bladder."

City Hospital of Cleveland, Ohio.—Dr. D. K. White has been elected dermatologist and Dr. C. J. Aldrich neurologist to the above institution.

Chairman of the Faculty.—Dr. C. B. Parker has been re-elected Chairman of the Faculty of the College of Physicians and Surgeons of Cleveland, Ohio.

Honorary Degrees.—Dr. Joseph B. Marvin has had the degree of LL.D. conferred upon him by Georgetown College, of Kentucky; and Dr. Joseph M. Mathews is the recipient of the same honor from Waynesburg College, of Pennsylvania.

Dr. W. Easterly Ashton.—Dr. W. Easterly Ashton, who has spent the summer in Europe, is expected to arrive home on September 10th.

The Huxley Lecture.—The Huxley Lecture this year will be delivered by Professor Virchow, on October 4th, at the Charing Cross Hospital, London. The subject of the lecture will be "Recent Advances in Science and their Bearing on Medicine and Surgery." The lecture is a biennial one, and this will be the second which has been delivered.

International Association of Railway Surgeons.—At the annual meeting of the Association, held at Toronto, Dr. Bruce L. Riordan, of Toronto, was elected president, and Dr. Louis J. Mitchell, of Chicago, secretary, for the coming year.

The Rebman Publishing Company.—The Rebman Publishing Company, Limited, announces a change of address, having removed to 129 Shaftesbury Avenue, Cambridge Circus, London, W. C. The Rebman Company are the publishers of the following excellent periodicals: The Journal of Laryngology, Rhinology and Otology, Treatment, and The Archives of the Roentgen Ray.

Gone to the Front.—Drs. John A. McKenna and George H. Fox, late resident physicians in the Medico-Chirurgical College of Philadelphia, have entered the medical service of the United States Army and have gone to the front.

Major Grandy.—Dr. Luther B. Grandy, senior editor of the Atlanta Medical and Surgical Journal, has been appointed Surgeon of the Third Georgia Regiment of Volunteers, with the rank of major. During his absence the journal will be edited by his colleague, Dr. Dunbar Roy.

American Electro-Therapeutic Association.—The eighth annual meeting of the above association will be held at Buffalo, N. Y., on September 13th, 14th, and 15th. Many papers have been promised by American and foreign authorities, including, among the latter, one from Apostoli. Excellent arrangements have been made for excursion rates and lodgings. The committee of arrangements at Buffalo has planned various entertainments which will make the occasion memorable, and a most interesting and instructive meeting is to be anticipated.

Sharp & Dohme's Price List.—The list for the present year is the best ever issued by this favorably-known and reliable house. It contains full information regarding the

Digitized by Google

products and apparatus handled by the firm. Such a list is of undoubted value to those who are obliged to dispense their own medicines.

Hospital at Bridgeton, N. J.—The city of Bridgeton is to have a hospital which it is proposed to endow with a fund of $50,000.

Demonstrator of Surgery.—Dr. William V. Laws, of Louisville, Ky., has been appointed Demonstrator of Surgery in the Medico-Chirurgical College of Philadelphia.

Appointment.—Dr. Thomas J. Yarrow, Jr., has been appointed pathologist and bacteriologist to the Samaritan Hospital, Philadelphia.

Prevention of Typhoid Fever.—The State Board of Health of Michigan has issued a circular of instruction regarding the causes of typhoid fever. The public is warned to boil suspected drinking water, and to disinfect all discharges from the body of a person having typhoid fever. The warning applies particularly to the urine.

American Academy of Medicine.—The next meeting of the Academy will take place at Columbus, Ohio, on June 3d and 5th, 1899. The theme for the annual symposium will be "The Physician and the Profession," to include the series of papers on "Specialism in Medicine," suggested by Dr. Bulkley in the President's address, and those upon "Advertising," proposed by the paper of Dr. F. T. Rogers.

Alvarenga Prize.—The Alvarenga Prize of the College of Physicians of Philadelphia for the year 1898 has been awarded to Dr. S. A. Knopf, of New York, for his essay entitled "Modern Prophylaxis of Pulmonary Tuberculosis and its Treatment in Special Institutions and at Home."

Lane Medical Lectures. — The third course of lectures at the Cooper Medical College of San Francisco will be given this year by Dr. Thomas Clifford Allbutt, Regius Professor of Physic at the University of Cambridge, England. The topic of the lectures is "Disease of the Heart."

History of Medicine.—Dr. Victor Fossel has been appointed Professor of the History of Medicine at the University of Graz.

Dr. B. Sachs.—Dr. B. Sachs, of New York, has been elected a foreign member of the Society of Psychiatry and Nervous Diseases of Moscow.

Associated Health Authorities of New Jersey.—The annual meeting of the Associated Health Authorities have elected the following officers: President, Dr. L. M. Halsey, of Williamstown; Vice-president, Dr. James Hunter, Jr., of Westville; Secretary and Treasurer, Dr. Thomas E. Parker, of Woodbury.

Resignation.—Dr. H. C. Dalton has resigned the professorship of abdominal surgery in the Marion Sims Medical College, of St. Louis.

Handsome Benefaction.—M. Louis Salvator, of Marseilles, France, has left his entire fortune, amounting to $1,400,000, to the hospitals of that city.

British Gynæcological Society.—Professor Martin, of Berlin, the distinguished gynæcologist, delivered an address in London, before the above named society, on July 23d.

Editorial Change. — Dr. B. Sherwood Dunn is now jointly interested in the editing and publishing of the Annals of Gynecology and Pediatry.

Honorary Fellow.—Dr. Lombe Atthill, formerly Master of the Rotunda Lying-in-Hospital of Dublin, has been elected an Honorary Fellow of the Obstetrical Society of Edinburgh.

Mississippi Valley Medical Association. —The twenty-fourth annual meeting of this association will be held at Nashville, Tenn., October 11th to 14th. This asso-

Digitized by Google

ciation is second in size only to the American Medical Association. The annual addresses will be made by Dr. James T. Whittaker, of Cincinnati, on "Medicine," and by Dr. George Ben. Johnson, of Richmond, Va., on "Surgery."

Assistant Surgeon.—Mr. W. T. Holmes Spicer has been appointed assistant surgeon to the Royal London Ophthalmic Hospital, Moorfields. The vacancy is caused by the retirement of Mr. Nettleship.

Two Rare Diseases of the Skin.—At a recent meeting of the Berlin Dermatological Society Dr. Joseph presented two extremely rare cases of diseases of the skin and its appendages. One was an example of leukonychia, that peculiar universal whitish discoloration of the nails, due to the presence of air beneath them and in their substance, and of which there are but four or five other cases recorded in the literature. The other case was an interesting specimen of what Unna has called acanthosis nigricans and Kaposi keratosis nigricans. The lesions appear as dark-colored warty growths, from grayish-brown to brownish-black, occurring especially on the back of the neck and in the axillary and pectoral folds. This patient was much younger than the victims of the disease usually are, being only 20 years old, and the lesions were distributed on the back of the neck and along the margin of the hairy scalp. The man was perfectly well otherwise, though the disease had begun a couple of years ago. The case is to be watched with special interest, as practically all of the patients in whom the disease has thus far been observed have died, within a comparatively brief period after its development, of carcinoma of some of the abdominal viscera, especially of the stomach. —Philadelphia Medical Journal.

The Battle of July 3d.—The film of smoke above the hills had become a thick black mass, and then a warship was made out tearing for the open with the spray dashing high over her bows. Against the green of the sloping shore hung the red and yellow flag of Spain, and high on her masthead snapped the admiral's pennant. Scarcely had she cleared the channel before her helm was thrust hard aport, and she swept around in a great circle and started for her life down the coast. "The enemy is going west" signaled the Vixen at the first swerve of the bow, as she scuttled out of the Brooklyn's fire, and the Resolute was already dashing off to Siboney, where the admiral was in conference with General Shafter. Another vessel shot out of the narrow way, then another and another, and then came the gleam of those peculiar white waves which naval men know so well belong to a torpedo-boat in full cry. Panting and throbbing like live things, mad with terror the six ships, prides of the Spanish navy, were running for the open sea.

Don Quixote was tilting full speed at the windmill!—From "The Battle With Cervera's Fleet Off Santiago," by Winston Churchill, in the American Monthly Review of Reviews for August.

Physician to the Queen.—Sir William Henry Broadbent has been appointed Physician Extraordinary to the Queen, in succession to the late Sir Richard Quain.

Corresponding Member.—Professor von Leyden, of Berlin, has been elected corresponding member of the Academy of Sciences of Paris.

Succeeds Tarnier.—Dr. Ribemont Dessaignes, of the Maternity Department of the Beaujon Hospital, and also a skillful sculptor, has been elected a member of the Academy of Medicine of Paris, in succession to the late Professor Tarnier.

Clinical Professor.—Dr. Aloysius O. J. Kelly has been elected clinical professor of pathology at the Woman's Medical College of Philadelphia.

James Stevenson Fund.—The James Stevenson Fund, of the Harvard Medical School, has been created by a bequest of

Digitized by Google

the late James Stevenson, of Brookline, Mass., who left the sum of $10,000 for the establishment of two free scholarships.

French Alienists and Neurologists.—The Ninth Congress of French Alienists and Neurologists was held at Angers, from August 1st to 6th. The subjects discussed were: "Post-Operative Psychic Disturbances"; "The Part Played by Arteritis in the Pathology of the Nervous System"; and "Transitory Delirium from a Medico-legal Point of View."

The French Congress of Surgery.—The next meeting of the French Congress of Surgery is to be held at Paris on October 17th to 22d, under the presidency of Professor Le Dentu. MM. Guyon and Albarran will discuss the subject of "Nephrotomy," and Reverdin, of Geneva, will speak of the "Treatment of Goitre, Exclusive of Cancerous and Exophthalmic Goitre."

Death of Dr. Pepper.—We have heard with great regret of the death of Dr. Pepper while he was visiting California in search of rest and health. The sad event was due to an attack of angina pectoris, to which he had been subject for several years. A native of Philadelphia and the son of a Professor of Medicine in the University, Dr. William Pepper was all his life closely identified with his Alma Mater and the interests of the city of his birth. Trained in both the Academical and Medical Departments of the University, he gave freely in return his services as Demonstrator, Professor and Provost. His influence has thus been felt on a long line of pupils as well as upon the development of the institution. Dr. Pepper was a very effective clinical lecturer. His contributions to medical literature have been numerous and important.

His active spirit led him to take part in many public enterprises for the benefit of the city, the most conspicuous of which are the Public Library and Commercial Museum.

Cumberland County (N. J.) Medical Society.—A meeting of the Cumberland County Medical Society was held at Bridgeton July 12th, Vice-president J. B. Ware in the chair.

A Quarter Century of Public Health Work in Michigan.—Theodore R. MacClure, Chief Clerk of the State Board of Health Office, at Lansing, Michigan, has compiled an interesting pamphlet which exhibits the important work achieved by the Board during the last quarter of a century. This work, in a rapidly growing and progressive Western State, has been prosecuted with a zeal and enlightment that has cast much honor on the Board and its indefatigable secretary. This pamphlet includes short biographical sketches and portraits of the members of the Board from its time of organization.

Dr. Theodore W. Schaefer.—The editor of THE MEDICAL BULLETIN had the pleasure of meeting with his friend, Dr. Theodore W. Schaefer, who recently visited this city. Dr. Schaefer is Professor of Chemistry in the University Medical College and Woman's Medical College, in Kansas City, Mo., and is also an active practitioner. He has from time to time contributed valuable scientific papers to the pages of this journal.

Dr. Ernest Laplace.—Dr. Ernest Laplace, Professor of Surgery at the Medico-Chirurgical College of Philadelphia, was present at the thirty-first annual meeting of the Canadian Medical Association, held, August 17th, 18th, and 19th, at the Laval University, Quebec. At this meeting Dr. Laplace read a paper on "Intestinal Anastomosis by Means of a New Forceps." This instrument, devised by Dr. Laplace, is ingenious and effective.

Contributions from the Physiological Laboratory of the Medico-Chirurgical for 1897.—By Isaac Ott, M.D., Professor of Physiology. Part XIV of Ott's Contributions to the Physiology and Pathology of the Nervous System.

Digitized by Google

Professor Ott is an enthusiastic, tireless and original worker in the field of physiology. He has brought together a series of extremely valuable papers recording the results obtained in numerous experimental investigations. These contributions are for the year 1897. These investigations embrace studies of the physiological action of glucinum, the influence of certain drugs upon the bowel and spleen, and researches concerning the rhythmic action of the bladder and of animal extracts.

Ophthalmological Society of the United Kingdom.—At the meeting of this society, held on July 8th, the following gentlemen were elected officers and members of the council for the session 1898-99: President, H. R. Swanzy. Vice-presidents, Sir W. R. Gowers, M.D., F.R.S.; D. Argyll Robertson, M.D., Edinburgh; R. Marcus Gunn, R. Williams, Liverpool; E. Nettleship, Henry Eales, Birmingham; W. A. Brailey, M.D.; Priestley Smith, Birmingham; F. R. Cross, Clifton; George Cowell. Treasurer, John Abercrombie, M.D. Secretaries, James Taylor, M.D.; E. Treacher Collins. Librarian, W. Adams Frost.

Alterations of Taste and Smell in Tabes.—Klippel has made a study of the various alterations in the senses of smell and taste as they occur in tabes dorsalis. Contrary to the general idea that these symptoms are rare, the author finds that they are of common occurrence in cases of this disease, and may manifest themselves at a very early date; in regard to this they correspond to the other sensory symptoms, such as numbness, paræsthesia, and pains. At the same time the author has noticed the late occurrence of these symptoms in several cases. In these circumstances anosmia and agustia are observed, and as by this time the patient has, as a rule, many other symptoms to absorb his attention, complete loss of smell may go unnoticed. Both these symptoms may appear suddenly and in association with bulbar symptoms. In other instances smell and taste merely show perversion and in an intermittent form, thus resembling crises. There may be for a day or so at a time peculiar earthy, metallic, or bitter taste sensations appearing independently of meals, and lasting for about ten minutes or a quarter of an hour. In the same manner patients may complain of sour smells and odors of stale fish, vomited matter, etc.—British Medical Journal.

Hospital Improvements.—The New York Hospital and the Roosevelt Hospital are to be enlarged and improved. A two-story accident building will be added to the latter, while the improvements to the former comprise three buildings, to be erected at an estimated expense of about $500,000.

Western Reserve Medical College.—Dr. George Seeley Smith has been recently appointed assistant to the department of genito-urinary work in the Western Reserve Medical College.

St. Alexis Hospital, Cleveland.—Dr. W. S. Shackleton recently received the appointment of rhinologist and laryngologist on the staff of the St. Alexis Hospital, Cleveland, Ohio.

Another Military Editor.—Dr. S. W. Kelley, editor of the Cleveland Medical Gazette, is now at Tampa, Florida, where he is serving as assistant-surgeon with the Third Cavalry.

Academy of Medicine of Kansas City.—The recent election of officers resulted as follows: President, Robert T. Sloan, M.D.; Vice-president, Hal Foster, M.D.; Secretary, Ralph Brown, M.D.; Treasurer, C. Lester Hall, M.D.; Censor, J. H. Austin, M.D.

Vesicular Mole and Drugs.—Keiffer attributes the development of vesicular mole to the effect of emmenagogues taken during pregnancy. They set up proliferating arteritis, which interferes with the normal development of the placenta. He noted that in three cases where vesicular mole had developed the patients had taken em-

Digitized by Google

menagogues—piscidia, viburnum, saffron, and salicylate of soda. The latter drug had been prescribed to a young primipara for amenorrhœa. Hæmorrhages followed, and Keiffer diagnosed pregnancy. In spite of appropriate treatment abortion occurred at the sixth month, and a vesicular mole was expelled. No normal placental tissue could be found; there was marked endarteritis, many vessels in the membranes being blocked by their proliferating endothelium. —British Medical Journal.

Professor R. H. Cowan.—Dr. Cowan, of Radford, Va., has been appointed Professor of Operative Surgery and Surgical Anatomy at the New York School of Clinical Medicine.

The Landing of the Army.—A launch turned suddenly and steered for a long pier under the ore docks, and the waves lifted it to the level of the pier, and a half-dozen men leaped through the air and landed on the pier-head waving their muskets above them. At the same moment two of the other boats were driven through the surf to the beach itself, and the men tumbled out and scrambled to their feet upon the shore of Cuba. In an instant a cheer rose faintly from the shore, and more loudly from the warships. It was caught up by every ship in the transport fleet, and was carried for miles over the ocean. Men waved their hats, and jumped up and down, and shrieked as though they themselves had been the first to land, and the combined cheering seemed as though it must surely reach to the walls of Santiago and tell the enemy that the end was near. But the cheers were whispers to what came later, when, outlined against the sky, we saw four tiny figures scaling the sheer face of the mountain up the narrow trail to the highest block-house—they were bunched together there for a moment at the side of the Spanish fort, and then thousands of feet above the shore the American flag was thrown out against the sky, and the sailors on the men-of-war, the Cubans, and our own soldiers in the village, the soldiers in the long-boats, and those still hanging to the sides and ratlines of the troop-ships, shouted and cheered again, and every steam whistle on the ocean for miles about shrieked and tooted and roared in a pandemonium of delight and pride and triumph.—From "The Landing of the Army," by Richard Harding Davis, in the August (Fiction Number) Scribner's.

Barnes Medical College.—Dr. J. H. Duncan has accepted the chair of didactic physiology in Barnes Medical College. Dr. Duncan is a well-known and experienced teacher.

City Hospital of St. Louis, Mo.—Dr. Otto Sutter has resigned from the City Hospital after a very successful term as superintendent.

Death from Burns.—Lustgarten, in a recent paper on "The Primary Cause of Death following Burns of the Skin," shows that death was due to ptomaines formed in the deeper tissues and imprisoned by the surface lesions, noting a similarity in the symptoms between this form of sepsis and muscarine poisoning, and remembering that atropia is antagonistic to muscarine, he gave atropia and his patient was at once relieved and recovered.—Journal Medicine and Science.

McClure's Magazine. — In the August number of McClure's Magazine, Major-General Miles gives a graphic account of his observations and experiences at the autumn manœuvres of the Russian, German, and French armies last year. Among a number of extraordinary military displays which he saw at this time as a special guest was the grand review of the Russian army held in honor of President Faure, of France. The article is very fully illustrated with portraits of sovereigns and commanders and pictures of manœuvres and reviews.

Lieutenant-Colonel Andrew S. Rowan will tell, in the August number of McClure's Magazine, the story of the secret

Digitized by Google

journey he made from Jamaica into and across Cuba, in order to learn from General Garcia what support and co-operation we were to expect from the Cuban insurgents in the war then just begun with Spain. Apart from the positive dangers that beset every step of it, it was a journey full of discomforts and difficulties, and General Miles pronounced Colonel Rowan's execution of it "an act of heroism and cool daring that has rarely been excelled in the annals of warfare." The article is illustrated from sketches by the Cuban General, Enrique Collazo, who accompanied Rowan through the latter half of the journey.

Getting an Extra Ration.—Medical Officer (going his rounds)—Well, Murphy, how are you this morning?

Private M.—Much better, sir.

M. O.—Is your appetite good?

Private M.—Yes, sir.

M. O.—Are you getting enough to eat?

Private M.—No, sir.

M. O.—What would you like in addition to your present diet?

Private M.—Another pound of bread, sir.

M. O.—That I cannot give you, as the regulations do not admit of a soldier receiving a double ration of bread in one day.

Private M. (after a moment's hesitation)—Could you not let me have the extra pound and mark it down as bread poultice?

He got it.—London Telegraph.

Professor S. S. Botkin.—Dr. S. S. Botkin, professor of bacteriology and infectious diseases, has been appointed professor of internal medicine and director of the medical clinic, at the Military Medical Academy at St. Petersburg, in succession to Professor Leo Popow, who retires because of having reached the age-limit. Professor Botkin thus succeeds to the chair occupied by his father, Professor S. P. Botkin, from 1866 to 1889.

Treatment of Leprosy in the Fiji Islands.—Prof. L. Lewin has been investigating the peculiar properties of the tree with which the Fiji islanders cure leprosy, according to the accounts of the missionaries. He recommends further research in regard to what may prove a valuable acquisition to our therapeutics, administered in a less barbarous fashion. The person affected with leprosy is placed in a small hut and rubbed down with the fresh leaves of the *excoecaria agallocha*, or poison milk tree. His body is then covered with the leaves, his hands and feet tied and he is dragged to a small fire made of boughs of the tree, his head in the midst of the heavy black smoke, about fifteen inches from the floor. The friends then retire and close the door, unmoved by the cries and appeals of the victim, who is left in this smudge for several hours, when he is removed and the skin scraped, and scratched in various places deep enough to draw blood, when he is left to rest. Some die, but those that survive are cured of the leprosy. The essential points are the heat, the long-continued action of the milky sap and its melted products, and possibly the scarifications. The tree is known throughout the Pacific as very poisonous, causing blindness if any of the sap gets into the eyes. One or two drops will purge like croton oil (Deutsche Med. Woch.).—Journal American Medical Association.

Obituary.—Dr. T. E. Murrell, professor of ophthalmology in Barnes Medical College of St. Louis, Mo., at Denver, Col., June 26th, aged 48 years. He was graduated from the University of Maryland in 1873, and practiced at Little Rock, Ark., for nearly twenty years, when he removed to St. Louis.

Toronto Medical Society.—The following officers have been elected for the ensuing year: President, A. Primrose; first vice-president, D. Oakley; second vice-president, J. Webster; corresponding secretary, M. Currie; recording secretary, J. N. Brown; treasurer, G. H. Carveth; Council, W. J. Wilson, J. E. Graham, T. F. McMahon.

Appropriation for Johns Hopkins University.—The Medical News states that the

Digitized by Google

Maryland State Legislature has appropriated $400,000 to this institution to tide it over its financial straits, due to the loss sustained in the default of the Baltimore and Ohio Railroad Company.

University of Vermont.—Dr. H. C. Tinkham, of Burlington, professor of surgery in the University of Vermont, has been elected dean of the medical faculty, to succeed Dr. A. P. Grinnell, who has been dean for the past twenty-four years.

Chicago Medical Society.—At the annual meeting the following officers were elected: Dr. Arthur D. Bevan, president; Dr. Junius C. Hoag, vice-president; Dr. S. C. Plummer, treasurer, and Arthur R. Edwards, secretary.

Dr. A. D. Bevan received the $100 prize offered by the Chicago Medical Recorder for the best surgical paper, and Dr. Maximilian Herzog a prize of $100 for the best medical paper, read before the society during the year.

The Section in Laryngology and Otology of the American Medical Association.—At the meeting of this section, held in Denver, the following were elected officers for the ensuing year: Chairman, Dr. Emil Mayer, of New York; secretary, Dr. C. R. Holmes, of Cincinnati.

A Medical Duel.—We learn from the British Medical Journal that a duel between two members of the medical profession has recently taken place in Paris. Dr. Jean Charcot, son of the famous physician to the Saltpêtrière, considering the memory of his father insulted by an article written by Dr. Lagelouze in the Opinion Médicale, challenged the writer. The weapon used was the sword. M. Charcot "received on the upper part of the thenar eminence a button-hole wound 4 centimetres long, making it impossible for him to go on." Honor was declared to be satisfied, and all ended happily. A formal protocol was drawn up in which the circumstances of this terrific combat were set forth in detail with a solemnity worthy of the occasion.

Medical College of Ohio.—Dr. S. C. Ayres has been elected professor of ophthalmology and otology; Dr. Chas. L. Bonifield, professor of clinical gynecology; Professor Samuel Nickles, having resigned as professor of materia medica after 24 years of service, will be made emeritus professor; Dr. B. K. Ratchford will take his place, and Dr. Poole will be made professor of physiology; Dr. Wm. H. Crane will be made lecturer on medical chemistry.—Journal Amer. Med. Asso.

A Memorial to Dr. Joseph O'Dwyer.—The various medical societies of New York City are being asked to appoint committees which, acting in unison, shall endeavor to raise a fund by which the memory of the late Dr. O'Dwyer may be fittingly perpetuated.

The Senn Medal.—The Senn medal was awarded by the Committee of the American Medical Association, consisting of Drs. McFadden Gaston, Geo. P. Fowler and H. O. Walker, to Dr. George W. Crile. The award was made in Denver during the meeting of the Association. Dr. Crile's successful essay was entitled "An Experimental Research into the Surgery of the Thorax and Neck."

Chicago Pathological Society.—At the recent annual election the following officers were chosen for the coming year: Dr. Ludvig Hektoen, president; Dr. Emil Ries, vice-president; Dr. George H. Weaver, secretary; Dr. Frank B. Earle, treasurer.

The Physician of Napoleon Bonaparte.—"Few students of Napoleonic history," says the London Chronicle, "are aware that Dr. Antommarchi, who attended upon Napoleon I during his last illness at St. Helena, is buried in the cemetery at Santiago de Cuba. He had a brother living in that island, and after the Emperor's death proceeded thither and lived at Santiago, exercising his skill as an oculist gratuitously among the poor. After his death in 1825 a public monument was erected to his memory in the local cemetery." This

Digitized by Google

Francesco Antommarchi, like Napoleon, a Corsican, according to "Chambers's Encyclopædia," did not publish "Les Derniers Moments de Napoleon" until 1826. He emigrated to America about 1836 and died at San Antonio in Cuba, April 3, 1838. He seemed possessed of a disputatious turn of mind and the last quoted authority somewhat sarcastically hints that his celebrity was based entirely upon his intimacy with the great emperor during exile, at whose death he became a beneficiary to the extent of about 100,000 francs.—Journal American Medical Association.

The French Congress of Gynecology, Obstetrics, and Pediatrics will meet at Marseilles, October 8th to 15th. The subjects to be discussed are: Extra-uterine pregnancies; auto-intoxications during pregnancy; congenital hernias; microbian associations in diphtheria; school children's dyspepsia; infantile cardiopathy; the purpura, diplegia and colitis of infancy and paralytic club-foot.

The Association of Life-Insurance Medical Directors.—The officers elected at the ninth annual meeting are: Dr. H. Cabell Tabb, president Dr. G. R. Shepherd, vice-president; Dr. J. H. Webb, second vice-president; Dr. O. H. Rogers, secretary; Dr. J. W. Brannan, treasurer, and Drs. Edward Curtis, A. Wood, A. Huntington, and G. M. White, members of the executive committee. The next meeting will probably be held in New York.

College of Physicians and Surgeons of San Francisco.—Dr. George Adam has been elected honorary professor of electrotherapeutics; Dr. Charles Rosenthal, acting professor of clinical medicine, and Dr. Stephen Crowe and Dr. E. S. Pillsbury, lecturers on bacteriology.

Lehigh Valley Medical Association.—The following are the officers elected at the meeting of the Lehigh Valley Medical Association: President, Dr. J. E. Baumar, of Telford, Montgomery County; vice-presidents, Drs. C. D. Shaeffer, of Allentown; G. H. Halberstadt, Pottsville; A. A. Seem, Bangor, and Joseph A. Horn, Mauch Chunk; secretary, Dr. Charles McIntyre; treasurer, Dr. Abraham Stout, of Bethlehem.

Corresponding Members of the Pathological Society of Philadelphia.—Professor Rudolph Virchow, of Berlin, Professor M. V. Cornil, of the Faculté de Médecine de Paris, and Professor William H. Welch, of Johns Hopkins University, Baltimore, were recently elected corresponding members of the Pathological Society of Philadelphia.

Ticking in the Ear.—A case of ticking in the ear, but also objectively audible, was presented before the Verein für Innere Medicin, Berlin, at its last meeting by Professor Bernhardt. The case was one of those rare clonic spasms of the soft palate, pharyngeal pillars and pharyngeal muscles, whose etiology neurologists have found it so hard to explain. It is sometimes associated with convulsive tic of the face, but here was absolutely a unique set of symptoms, there being no hysterical stigmata. The sound that could be heard some feet from the patient seemed to be due to the muscular opening and subsequent collapse of the Eustachian tubes. It occurred over 100 times a minute. Many of the death-watches heard in the ear and considered of such ominous significance in more superstitious times, probably had some such physical basis as this for their occurrence.—Philadelphia Medical Journal.

Syphilis of the Uterus.—Legrain reports on three cases of syphilitic disease of the uterus. In all three cases the uterus was uniformly enlarged, but not fixed; the cervix was not ulcerated or eroded. In two cases there was metrorrhagia and anæmia, and in the third purulent endometritis. Two of the patients had other syphilitic manifestations. Under specific treatment all recovered, the uterus resuming its normal size. The author considers these cases to be parenchymatous and fungous metri-

Digitized by Google

tis, caused by diffuse cell infiltration of the uterus rather than gummata. He thinks syphilis of the uterus more common than is generally supposed, and that some cases diagnosed as fibroids are really syphilitic.—British Medical Journal.

A Bust of Sainte Beuve.—A bust of Sainte Beuve, the famous French critic, will shortly be placed in the Luxembourg Gardens in Paris. The erection of this memorial to the author of the Causeries du Lundi is due to the initiative of Dr. Cabanès, editor of La Chronique Médicale. Sainte Beuve in early life studied medicine; he was a dresser under Dupuytren, a clinical clerk under Richerand, and a deputy interne in the St. Louis Hospital. The hero of Sainte Beuve's first work, Joseph Delorme, was a medical student, whose passions (as Macaulay said of those who fell under the spell of Byron) had consumed themselves to dust, and on whom the sweetness of the heart had ceased to fall like dew. The hero, whom Sainte Beuve had pictured himself, was unkindly described by Guizot as un Werther carabin (carabin=sawbones). Sainte Beuve retained throughout life his interest in medicine, and a large proportion of the subscribers to his memorial are members of the medical profession.—British Medical Journal.

Striking Instance of Maternal Impression.—Gardiner gives an instance of maternal impression which is no less striking than it is well-authenticated. An American woman had, during her third pregnancy, an unbearable craving for sunfish. During the fourth month her husband brought home for her some of these fish alive in a pail. She stumbled against it on the porch, and one of the fish flopped over the edge of the pail and came in contact with her leg. It sent a cold chill through her, but the pregnancy was not disturbed, and nothing more was thought of the accident until the child was born, when, to her surprise, a nevus in shape and size closely resembling a fish was seen upon the leg of the baby in the part corresponding to that of her own leg with which the fish came in contact. Otherwise the child's health was perfect, and she lived to grow up into a healthy woman. The annoying craving for sunfish which was temporarily present in her mother existed in her throughout a long life. It much resembled a drug habit. Time and again she has eaten sunfish until from repletion she has vomited, and then again has eaten them with unabated appetite.—Medical News.

Democracy in Novels.—There is no novelist in the truest sense more democratic than Scott. Even Dickens, the especial advocate of the poor, betrayed a distrust of his clients in idealizing them out of all likeness when he would attract sympathy toward them. Scott was content to give us Jeanie Deans and Dandie Dinmont and the rest in the colors of life, without apology and without patronage. The humblest character in his books is human, real, with thoughts and emotions which we are not allowed to feel are beneath our notice.—Annie Stelger Winston, in August Lippincott's.

Beasts and Birds.—How much do the wild animals know of death? It is impossible to say; yet two things are certain; they have a fear of it, and they understand how to kill each other expertly. They know the right place to bite an enemy. Their object in killing is generally to obtain food; but one animal does not attempt to bite a piece of food out of another living creature; it aims to kill first, and then to eat.

The wild creatures, within the regions thickly peopled by men, have now an inherited fear of man. A man upon horseback can ride under a tree on which a hawk is lodged without exciting it, while it would speedily fly from a man walking. On horseback one can get near to a covey of partridges. Squirrels do not show dread of horses or cattle, but by this time they all

Digitized by Google

know man.—Calvin Dill Wilson, in August Lippincott's.

A New Story of Germany's War Lord.—Emperor William, of Germany, dislikes nothing more than to see his officers excited or in the least ruffled at parade or manœuvre. He frequently had occasion to criticise old General von Meersheidt on that account, and at a recent review in Berlin the Kaiser reprimanded him for losing his self-possession at a trying moment.

"If your majesty thinks that I am getting too old I beg of you to allow me to resign."

"No, no," replied the Kaiser, "you are too young to resign. Indeed, if your blood didn't course through your veins quite so fast you would be a more useful army leader."

On the evening of that day the Kaiser and the general met at a court ball. The general was talking to some young ladies who, for lack of room, were not dancing.

"Ah, Meerscheidt," cried William, " that is right, get ready to marry. Take a young wife, then that excitable temperament of yours will soon vanish."

The general bowed low as he retorted, "I beg to be excused, your majesty; a young emperor and a young wife would be more than I could possibly stand."—"Summer Piazza Stories" in the August Ladies' Home Journal.

Passage of Substances from Fœtus to Mother.—Drs. Lannois and Brian (Gazette Hebdomadaire de Médecine et Chirurgie), having had under observation a patient with grave symptoms of albuminuric origin, in whose case the symptoms suddenly disappeared on the death of the fœtus, though the latter was not expelled till seventeen days later, made some experimental inquiries, from which they concluded: (1) That substances (such as salicylate of soda, iodide of potassium, and methylene blue), injected into the fœtus, pass through the placenta, and can be detected in the tissues and urine of the mother. (2) This experimental fact supports the view already advocated by Lannois, that normal excretory products of the fœtus pass through the placenta to be eliminated by the maternal organism. (3) In cases of renal insufficiency these waste products of fœtal life can therefore, in part, contribute to the maternal auto-intoxication, and consequently can play a part in eclampsia and other accidents associated with the albuminuria of pregnancy.—Canadian Practitioner.

Epilepsy in Secondary Syphilis.—Rubino contributes some observations on the occurrence of epileptic seizures in the course of secondary syphilis. He points out how epilepsy may occur as markedly in the secondary as in the tertiary period of this disease, being due to grave lesions of the superficial structures, or else to direct action of the virus on the epileptogenic centres, and manifesting itself apparently in those patients who are also prone to neuropathic symptoms. The author thinks that it is justifiable to look upon secondary syphilis as the cause of epilepsy when this condition occurs in adult age without other known cause in individuals who were not disposed to this nervous disorder, and in whom the specific affection has either remained latent or has only revealed itself by very slight signs. The clinical picture of secondary syphilis does not seem to differ in its essential characters from the ordinary form, and in referring to it therefore by its name it is not intended to specify a distinct disease, but rather a variety, differing alike in its treatment and prognosis in view of its causation. The treatment must therefore be directed to the underlying condition. To this as a rule the seizures rapidly respond, but Rubino points out the importance of continuing antisyphilitic treatment for a considerable time; for if one rests content with the early and apparent immediate success, there is likely to be a return of the seizures in a very chronic form.—British Medical Journal.

Digitized by Google

Novels of American Life.—Recent novels of American life form the subject of an entertaining and on the whole discriminating paper in the Edinburgh Review, which American readers will find in The Living Age for July 16th.

Book Reviews.

The Office Treatment of Hæmorrhoids, Fistula, etc., Without Operation. Together with Remarks on the Relation of Diseases of the Rectum to other Diseases in Both Sexes, but especially in Women, and the Abuse of the Operation of Colotomy. By Charles B. Kelsey, A.M., M.D., Late Professor of Surgery in the New York Post-Graduate Medical School and Hospital, etc. New York: E. R. Pelton, 1898.

This little book is composed of three lectures, the general subjects of which are sufficiently indicated by the title. Inasmuch as there are innumerable persons who will bear any amount of pain and inconvenience rather than submit to operative procedures, it is well that teachers like Dr. Kelsey should, out of their abundant experience, sometimes devote an hour to the discussion of those simpler methods of treatment which can be practised in the office without elaborate preparation, and, above all, without the infliction of severe pain. In these lectures the author describes procedures which he has found of benefit and also certain improved methods of examination which he has devised.

A History of Yellow Fever. Indisputable Facts Pertaining to Its Origin and Cause, and its Present Artificially Acquired Habitat, with Reasons Going to Show the Possibility of Its Complete Extinction from the Globe, Its Nature, Course, and Treatment, with an Addendum on Its Twin Sister, Dengue; Containing a Parallel Table of the Most Prominent Symptoms of Each Disease. By W. L. Coleman, M.D. Houston, Texas: The Clinical Publishing Company, 1898.

This country, and especially its southern parts, has a great interest in the subject of yellow fever, since it has on various occasions suffered from its visitations. This small book presents the views of one who has had many opportunities of studying the disease at the bedside during a medical life of more than forty years. It contains a great deal of interesting historical information regarding the progress of the disease in this hemisphere at different periods. He looks upon the disease as a retribution for the crimes of the slave trade. While the iniquities of that traffic in human flesh merit every condemnation, it is curious that a medical man should advance such an idea of causation.

Lectures on Tumors. By John R. Hamilton, M.D., LL.D., Professor of Surgery, Rush Medical College and Chicago Polyclinic, etc. Third Edition. 221 illustrations. Philadelphia: P. Blakiston's Son & Co., 1898. Price, $1.25, net.

That this volume of lectures has usefully served the purpose for which it was designed is shown by the demand for successive editions. Dr. Hamilton has given the principles of the classification of morbid growths in such a manner that the attentive student will be decidedly assisted in recognizing their clinical manifestations. The present edition has been remodeled in so far as is necessary to render it a faithful representative of the existent state of knowledge.

The subject of tumors is of great interest from every point of view. To the undergraduate it is fraught with difficulty, and the author has done a great service in presenting essential points so clearly that they may be intelligently grasped.

In accordance with revised nomenclature, the class of granulomata is not included in this volume. The work has been thoroughly revised and some new illustrations have been added.

Digitized by Google

COMMERCIAL NEWS.

Sanmetto.

I have been using sanmetto for the past three years in my practice. Have prescribed it in chronic cases of irritable bladder, urethral canal, irritable and enlarged prostate gland, sexual perversion, dropsy and cystitis. I have found and know it to be an excellent remedy for all the above named diseases. I am more than much pleased with sanmetto. Every physician should be made acquainted with sanmetto. —J. P. Hawkins, M.D., Avondale, Ala.

Food and Teeth.

George W. Williams, D.D.S., of Richmond, Ind., one of the leading dentists of that State and a popular writer on dental subjects, in a recent article says: "Many of the prepared foods sold for children are destitute of the qualities necessary to form sound and painless bones and teeth, and there is a great difference in growing up with fine grained, well glazed teeth in comparison with having the brittle, chalky teeth we commonly see. Diet is of the first importance in promoting the upbuilding of the bony system, and incidentally we would state that as a food for this purpose there is nothing that will equal 'imperial granum.' It is a pure, unsweetened food, made from the most nutritious portions of the finest growths of wheat. No derogatory word has ever been uttered by the medical or dental professions against imperial granum and its bone-building qualities. Perhaps the most important period in childhood is when the first set of teeth are erupting. It has been calculated that one child in ten has its life destroyed in consequence of diseases which have their origin at this time. Thus it is evident that children should be watchfully cared for, and I believe that besides those who die from diseases readily traced to irritation during the eruption of the first teeth, a number are the victims of diseases superinduced by general neglect of the mouth and the consequent tooth decay and improper mastication of food."

Pulvola—A Baby Powder on a Scientific Principle.

The serious attention of the medical profession should be very strongly drawn to the question of a proper dusting-powder for infants. The renal secretion of the child coming in contact with the delicate skin causes an irritation which is trying to the good nature of the infant.

Starch powders soon show their weak point by becoming an irritating mass of paste which ferments easily. Talcum, being a mineral substance, and not subject to fermentation, has largely superseded starch, but it is not without serious drawbacks. Talcum when dry is a mass of needle-like crystals. It absorbs moisture and becomes actually mud and as irritating to the skin as a wet pack. To many babies talcum is a violent irritant and certainly is not a rational protective. What is needed is a protective dressing which will repel the moisture instead of absorbing it. Any oleaginous substance like vaseline or olive-oil will do this. These cannot be recommended because of their uncleanliness. Some chemical combination of an oleaginous substance with a mineral base is the desideratum. Pulvola (a stearo palmitate of calcium and magnesium) is such a powder. It is practically a powdered oil possessing the following characteristics:—

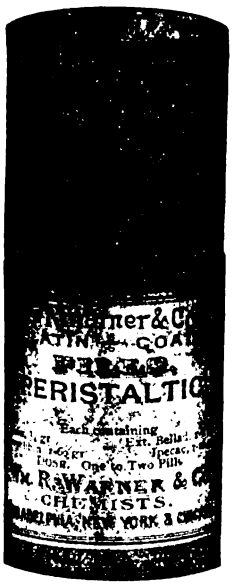
1. A very light powder.
2. From 8 to 10 times the covering power of starch or talcum.
3. Adheres closely to the skin.
4. Is impermeable to moisture.
5. Is absolutely impalpable.

A soft, light powder which, when applied, sticks closely and sheds water like oil.—Clinical Recorder, January, 1898.

Samples will be freely given to all physicians.—Pulvola Chemical Co., 100 William St., New York.

(Continued on advertising page 18)

Digitized by Google



FORMULA

℞ Aloin, ¼ gr.
Ext. Bellad. ⅛ gr.
Strychnine, 1-60 gr.
Ipecac, 1-16 gr.

Dose—1-2

Price, 40c. per 100.

AN ACTIVE LITTLE PILL is

PIL. PERISTALTIC (Warner & Co.)

AN IDEAL REMEDY FOR **Constipation and Bilious Disorders**

Small, easily swallowed and efficacious.

Effective without griping pains.

Non-irritating to hemorrhoids.

PIL. PERISTALTIC (Mercurial) is the same formula with 1-10 grain of Calomel added.

WM. R. WARNER & CO.

PHILADELPHIA. NEW YORK. CHICAGO

Tannopine, a specific in diarrhoeal affections.

Tannopine (hexamethylen-tetramine tannin) is always prompt and reliable in action, because it passes unchanged through the stomach and is gradually decomposed in the intestine, thus exerting its astringent effect at the **site of disease,** whether in the upper or lower intestinal canal. Especial indications: Gastro-enteritis, cholera infantum, typhoid, and intestinal tuberculosis.

SCIENTIFIC FOODS, TONICS AND RESTORATIVES.

SOMATOSE,	FERRO-SOMATOSE,	LACTO-SOMATOSE,
a scientific food in all conditions of lowered vitality, producing a rapid gain in flesh and strength without taxing the digestive organs.	a ferruginous nutrient in all anæmic states, palatable, readily assimilated, does not affect the teeth nor produce constipation.	pre-eminently a food for gastro-intestinal diseases, agreeable, nutritious and exerting a mild astringent action in diarrhœal affections.

Protargol an important advance in gonorrhoea therapeutics

Protargol is regarded by Professor Neisser as "the best, safest and most rapid remedy hitherto introduced in the treatment of gonorrhœa." It is also highly recommended in affections of the eye, infected wounds, and as a substitute for nitrate of silver in general.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO., 40 Stone Street, New York.

Selling Agents for the Bayer Pharmaceutical Products:

Aristol, Europhen, Ferro-Somatose, Hemicranin, Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

Aletris Cordial.

E. N. Campbell, M.D., Good Hope, Ill., says: I have used aletris cordial in threatened miscarriage and find it one of the finest and most efficient preparations that it has been my privilege to prescribe. Aletris cordial should be used more than it is, although it is largely prescribed, yet, like its twin sister, celerina, it is not prescribed often enough, to prove its efficiency. Most all cases that these preparations are used in are of a chronic type, and those that require patience to relieve; hence, if these two remedies are taken regularly and persistently, according to the case, they will satisfy all concerned.

Blennostasine in Hay Fever.

The drying effect of this drug is most remarkable, and renders it of great value in the treatment of hay fever. Many remedies may benefit this affection, but the most uniform and decided results are obtained from the use of blennostasine. Its influence on the vasomotor system is in many cases remarkable. It produces a dryness of the naso-pharyngeal membrane almost equal to the effects of belladonna, and has the additional advantage of being non-toxic. When possible, treatment should be commenced ten days before the usual date of attack, with five grain doses of blennostasine three times a day. On the day preceding the usual date of attack, twenty grains should be administered, and the dose increased ten grains daily until the symptoms are controlled. If the attack does not appear, or is controlled, the dose should be gradually diminished. If the patient is not seen until the attack has begun, full doses (five grains) of blennostasine should be given and increased as required.

Mr. William F. Horton, of London, England, will be at Messrs. Lehn & Fink's office, 128 William Street, New York City, for a number of months, to give personal attention to the interests of Alfred Bishop & Sons, Limited, for whose effervescent salts and other pharmaceutical preparations Messrs. Lehn & Fink are the sole selling agents for the United States and Canada.

Intestinal Antisepsis in Fevers.

Though the typhoid, malarial, and yellow fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true, that the materies morbii of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "antikamnia and salol tablets," each tablet containing 2 1/2 grains antikamnia and 2 1/2 grains salol. The average adult dose is two tablets. Always crush tablets before administering, as it assures more rapid assimilation. It is not our desire to go into the study of bacteriology here; our aim is simply to call attention to the necessity of intestinal antisepsis in the treatment of this class of diseases. If in the treatment of these diseases an intestinal antiseptic is indicated, would not the scientific treatment of the conditions preceding them be the administration of the same remedies? Fortifying the system against attacks is the best preventive of them.

Subacute and Chronic Diarrhœa.

In the latter stages of acute diarrhœa and in the chronic forms of this disorder it is quite often necessary to resort to the use of some remedy which will constringe the relaxed intestinal mucous membrane, restore its tone, and arrest the profuse and

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

ADEPS LANÆ, MERCK.

A STANDARD OINTMENT BASE.

Odorless: free from the natural acidity of ordinary wool-fats; wholly free from foreign acids and alkalies; is miscible with water, and aqueous solutions of salts, and with other fats. Adeps Lanæ Merck (Hydrosus) is of U. S. P. quality.

AQUA LEVICO. Alterant Tonic.

Arsenous acid, iron sulphates, and copper sulphate in natural solution. Indicated in anemic, chlorotic, neurasthenic, and neurotic conditions. Aqua Levico is the natural water from two springs ("Mild" and "Strong") in the Tyrol, differing in arsenical, ferric, and cupric strength. Literature on request.

Every physician is interested in the purity of the chemicals dispensed to his patients. Specify "Merck's" for reliability.

IODOFORMOGEN.

ODORLESS IODOFORM.

Iodoformogen (Iodoform Albuminate) is devoid of the penetrant odor of ordinary iodoform. It does not conglutinate, and is three times bulkier than an equal weight of iodoform. In consequence of this lightness it adheres more intimately and firmly to wound surfaces, and it can readily be brought into contact with remote recesses of wound cavities. Clinical investigators report that Iodoformogen is more thorough, more persistent, and more economical than simple iodoform. Literature on request.

GELANTHUM. Dermic Varnish.

A water-soluble vehicle for the application of dermic remedies. It forms a smooth, homogeneous, covering without tendency to stickiness. Sample free.

Purity of Chemicals is quite as essential as exactitude in compounding. For reliability specify "Merck's."

MERCK & COMPANY,

UNIVERSITY PLACE. NEW YORK.

Digitized by Google

exhausting discharges. To effect this object a selection must be made among the group of the newer intestinal astringents, and of these tannopine appears to be the most efficient, as it is the most recent. This remedy passes unaltered through the stomach, and when it reaches the alkaline fluids of the intestinal canal, its astringent principle is gradually liberated and exerts its curative action upon the inflamed mucous membrane. Owing to its slow and gradual decomposition, its effect extends down to the lowermost portion of the intestinal canal, and hence it becomes a valuable remedy in many forms of intestinal disease attended with diarrhœa. In cases of gastro-enteritis, cholera-morbus, and infantum, after all irritating material has been removed from the alimentary canal by laxatives, tannopine will prove a serviceable remedy for arresting the excessive drain of fluids from the system and restoring the mucous membrane to a healthy condition.

COCA ERYTHROXYLON.

We need not enter into a full description of the history of the erythroxylon coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over 35 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pâte Mariani," "Thé Mariani," "Pastilles Mariani," etc., preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cerebro-spinal nerve centres. We have frequently prescribed this wine, and we can, from practical experience, recommend it.—The Provincial Medical Journal, London, England.

H. HENRY, M.D., Biddeford, Me., writes as follows: Am using glyco thymoline (Kress) in my family, and daily prescribe same for rectal diseases as well as for nasal catarrh and inflammations with excellent results. Will extend its use to diseases of mucous surfaces in general.

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

BERND'S PHYSICIANS' REGISTERS.

FOR OFFICE AND POCKET USE.

THE MOST PRACTICAL SYSTEM OF KEEPING PHYSICIANS' ACCOUNTS.

Send for Circular Containing Price-List and Fac-Simile Page, with Description and Opinions.

HENRY BERND & CO., P. O. BOX 336, ST. LOUIS, MO.

JUST READY. New, Revised Edition of an exceedingly useful ... book ...

A Primer of Psychology and Mental Disease

FOR USE IN TRAINING-SCHOOLS FOR ATTENDANTS AND NURSES AND IN MEDICAL CLASSES.

By C. B. BURR, M.D.,

Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich. Formerly Medical Superintendent of the Eastern Michigan Asylum. Member of the American Medico-Psychological Association, etc.

Second Edition. Thoroughly Revised and Illustrated. 116 pages, 5½ x 8 inches. Neatly Bound in Extra Cloth. Price, $1.00, Net, POST-PAID.

THE F. A. DAVIS COMPANY, PUBLISHERS, 1914 AND 1916 CHERRY STREET, PHILADELPHIA.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

It is a New Edition.
Thoroughly Revised.
Considerably Enlarged.
With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
Clear Type.
Excellent Paper.
Careful Presswork.
Substantial Bindings.
The Cost to the Physician and Student is Most Moderate and Reasonable.
It is a Scientific Work.
A Scholarly—that is, An Accurately-Written—Work.
A Text-Book in Numerous Colleges.
Warmly Commended by Teachers of Surgery Everywhere.
The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
Fully Abreast of the Times.
An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: 117 W. Forty-Second St., New York City, U. S. A.
9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

STANDARD MODERN MEDICAL TEXT-BOOKS

ISSUED BY

THE F. A. DAVIS COMPANY, Medical Publishers,

PHILADELPHIA, PA.

Bindings in Cloth, Except when Otherwise Stated.

ALL THE FOLLOWING PRICES ARE STRICTLY NET. CARRIAGE CHARGES PREPAID BY THE PUBLISHERS.

*BASHORE—**Outlines of Rural Hygiene.** 75 cents.
*BISHOP—**Diseases of the Ear, Nose, and Throat.** Second Edition. Cloth, $4.00; Sheep or Half-Russia, $5.00.
BOUCHARD—OLIVER—**Auto-Intoxication in Disease. A Treatise on Intestinal and Urinary Pathology.** $1.75.
BURR—**Primer of Psychology and Mental Disease.** Second Edition, $1.00.
CATHELL—**Book on the Physician Himself.** Tenth Edition, $2.00.
CROTHERS AND BICE—**Elements of Latin for Students in Medicine and Pharmacy.** $1.25.
*EDINGER—HALL—**Structure of the Central Nervous System.** New, Enlarged, American Edition, $2.50
EISENBERG—PIERCE—**Bacteriological Diagnosis.** Cloth or Oil-cloth, $1.00.
*GANT—**Diseases of the Rectum, Anus, and Contiguous Textures.** Cloth, $3.50; Half-Russia, $4.50.
*GRANDIN AND JARMAN—**Practical Obstetrics.** Second Edition. Cloth, $4.00; Sheep, $4.75.
***International System of Electro-Therapeutics.** Edited by H. R. BIGELOW, M.D. Cloth, $6.00; Sheep $7.00; Half-Russia, $7.50.
***International Text-Book of Medical Electro-Physics and Galvanism.** $2.50.
*IVINS—**Diseases of the Nose and Throat.** Cloth, $4.00. Sheep or Half-Russia, $5.00.
*MANTON—**Syllabus of Lectures on Human Embryology.** Second Edition, $1.25.
*MASSEY—**Conservative Gynecology and Electro-Therapeutics.** Third Edition, $3.50.
*MONTGOMERY—**A Text-book of Practical Gynecology.** IN PREPARATION.
*PARK—**An Epitome of the History of Medicine.** $2.00.
PRICE AND EAGLETON—**Three Charts of the Nervo-Vascular System, Nerves, Arteries, and Veins.** Unmounted, on extra durable paper. Per Set, 50 cents.
*PURDY—**Practical Uranalysis and Urinary Diagnosis.** Fourth Edition, $2.50.
*ROHÉ—**Text-book of Hygiene.** Third Edition, $3.00.
*ROHÉ AND LORD—**Practical Manual of Skin Diseases.** $1.25.
*SENN—**Principles of Surgery.** Second Edition. Cloth, $4.50; Sheep or Half-Russia, $5.50.
SHOEMAKER—**Materia Medica and Therapeutics.** Fourth Edition. Cloth, $5.00; Sheep, $5.75.
*SMITH—**Physiology of the Domestic Animals.** Cloth, $3.00; Sheep, $4.00.
*YOUNG—**Synopsis of Human Anatomy.** $1.00.

* ALL BOOKS DESIGNATED BY AN ASTERISK (*) ARE APPROPRIATELY AND LIBERALLY ILLUSTRATED

DETAILED DESCRIPTIVE CIRCULARS OF ANY OF THESE BOOKS FORWARDED PROMPTLY ON REQUEST. CORRESPONDENCE WITH COLLEGE PROFESSORS AND TEACHERS CONCERNING ANY OF THE ABOVE BOOKS SPECIALLY SOLICITED.

THE F. A. DAVIS COMPANY, Publishers,

1914 and 1916 Cherry St., Philadelphia.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering **YOU** a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can **ADVERTISE** them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, OCTOBER, 1898. No. 10.

Address.

THE INFLUENCE OF AGE, SEX, AND RACE IN SURGICAL AFFECTIONS.[1]

BY WILLIAM L. RODMAN, A.M., M.D.,

Professor of the Principles of Surgery and Clinical Surgery in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN OF THE SECTION: Allow me first to express my grateful appreciation for the honor conferred upon me at the Semi-centennial Meeting. To be chosen as chairman of this, the largest section of the association, is, indeed, an honor that anyone should esteem highly.

I have endeavored, with the aid of the distinguished secretary, Dr. Parkhill, to present to you as attractive a programme as has ever been offered to this or any other section in former years. Indeed, too much credit cannot be given our secretary for his indefatigable labors and their fruitful results. We regret that his obligations to our country, now resounding from end to end with "stern alarums," deprive us of his companionship and help on this occasion, to which he has looked forward with such keen pleasure, and for the success of which he is so largely responsible. I am sure that I voice the sentiments of every member of the section when I thank him for his work in our behalf, and bespeak for him a safe return to Denver, where his professional worth and surgical skill have long been recognized as second to none. Our loss is the country's gain, and we might well wish that all of our countrymen needing surgical attention in the pending war with Spain may fall into hands as competent and deft as the Surgeon of Colorado's Volunteer Corps.

We also wish to express our gratitude to Dr. Powers, the acting secretary, who on short notice assumed the work and gave to it most intelligent and conscientious attention.

In offering for your consideration the customary Chairman's Address, I have chosen for my subject "The Influence of Age, Sex, and Race in Surgical Affections." Time-limits will prevent consideration of all diseases having a bearing upon the subject, and your attention will, therefore, be asked to some affections seeming to have a pointed claim to our notice.

The treatment of racial differences has been almost necessarily limited to the white and black races of North America, as but few of the many army and navy surgeons to whom I have written for data gathered by them in their various assignments have been able to reply at satisfactory length on account of the exacting demands of the past three months.

The diseases of the negro possess an abiding interest to those of us living in the South, called upon as we are daily to give

[1] Address of the Chairman of the Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Col., June 7–10, 1898

Digitized by Google

him professional succor in private, hospital, and dispensary practice. Although much that is of value has been written of his immunities and susceptibilities to disease, it has occurred to me that the last word has not been spoken, due more to the changes in the negro himself than to inaccurate observations on the part of medical writers of the past and present.

To the careful student who reviews the literature of the subject, there is no escape from the conclusion that the negro as we now find him, with changed environments, habits, and associations, is a different being from what he was in *ante bellum* days. He came to America three hundred years ago with certain immunities and susceptibilities to disease, which were so conspicuous as to be noted by all trustworthy observers. A few of the immunities he hitherto enjoyed have been maintained, more have been lost in part, others wholly exhausted, and to some few diseases he shows not only the same liability as the Caucasian, but even exceeds him in vulnerability, to wit: Local tuberculosis of glands, skin, and bones. The original susceptibilities of the negro seem to have abided with him, and to have undergone less change, he still being as obnoxious to fibroid and other benign neoplasms as he has ever been, as well as to keloid, elephantiasis, and tetanus. Not only is the race manifesting an increasing tendency to disease of all kinds, but statistics of every Southern hospital will prove them to be less resistant and to show a larger mortality, both in medical and surgical affections (operative and non-operative cases), than the Caucasian. The full-blood is less resistant to begin with, and the mulatto inherits the weaknesses of both races, the strength of neither, and begins life with the heaviest of handicaps. Therefore, it is not surprising to the observant to occasionally hear such authorities as Hunter McGuire, D. W. Yandell, and other thoughtful practitioners of large and long experience with this race, say that the African will in time become as extinct in this country as the bison and North American Indians. It is clearly foreshadowed that he cannot maintain the struggle for life with a race his superior in every respect, in a climate to which he is ill-suited at best.

Malignant Disease.

All early writers testified to the immunity of the African, in both his native and adopted country, to malignant disease. It cannot be doubted, I think, that, as a race, cancer was most rare with them up to fifty years ago. These early writings have too much influenced practitioners of this generation, however, and many reason that cancer is still rare with negroes, because such was undoubtedly the case a few generations ago.

Malignant disease (both sarcoma and carcinoma) is certainly increasing in frequency in the black with even greater ratio than in the white race. From a condition of practical immunity they have become nearly as liable to malignant disease of some organs as the white, quite as much so to that of the mammary gland and seemingly more obnoxious cancer of the uterus. The records of the City Hospital and Health Department of Louisville for the past thirty years are in line with the statements and statistical data of Billings and Matas, and emphasize especially the frequency of cancer of the uterus in negroes. It would be interesting to know what percentage of the cases were in full-bloods; but it is impossible to ascertain this, as no distinction is made in our reports between full-bloods and mulattoes. Nor is it possible to determine with reasonable accuracy the relative number of cases of sarcoma and carcinoma, and therefore no attempt is made to do so.

It is safe to say, however, that the negro is relatively somewhat more prone to sarcoma than cancer. As has been stated, the mammary gland suffers as often in the black as in the Caucasian, the uterus more so. Now it would appear *à priori*, that the

Digitized by Google

negro, almost universally affected as he is with phimosis, would show a special susceptibility to cancer of the penis; yet I have never seen such a case, nor do the records of our city hospital indicate that one has been treated there in thirty years. Of 207 deaths from cancer in negroes reported to the Louisville Health Department in thirty years, none have been entered as cancer of the penis.

According to the eleventh census (just issued), malignant disease occurs in every 100,000 living inhabitants as follows:—

Whites	53.93
Negroes	36.65
North American Indians	5.31

Chinese a little less liable than Indians.

To every 1000 deaths from known causes in the United States in persons over 45 years of age, there were due to cancer and tumor:—

Whites	62.86
Negroes	29.81
North American Indians	14.49
Chinese	12.99

In this country, as in England, cancer is alarmingly on the increase. Both races show a marked increment of gain, and, so far as cancers in general are concerned, the increase has been about the same in the two races, as will be shown by the table giving every death from cancer in Louisville for thirty years. These records have been gone over by my assistant, and are, I am sure, reliable, as he has devoted weeks to the work. It will be seen that the number of cases has doubled each decennium.

CANCER OF ALL PARTS.

1868 to 1878—total number deaths, 244; white, 205; colored, 39.
1878 to 1888—total number deaths, 484; white, 411; colored, 73.
1888 to 1898—total number deaths, 892; white, 797; colored, 95.
Total number deaths for thirty years, 1620; white, 1413; colored, 207.

There have been 161 cancerous patients in the Louisville City Hospital during the past twenty years (1878 to 1898). The records of the decennium from 1868 to 1878 are incomplete and are therefore excluded. Of cases admitted there were 118 white and 43 colored.

1878 to 1888—total number cases admitted, 63; white, 47; colored, 16
1888 to 1898—total number cases admitted, 98; white, 71; colored, 27.
1878 to 1898—total number cases admitted, 161; white, 118; colored, 43.

These statistics agree fully with those of Matas, drawn from the service of the Charity Hospital in New Orleans, and show that malignant disease, instead of being uncommon in the negro, is as often encountered in him in Southern hospitals as it is in the whites.

Of 1620 deaths from malignant disease reported to the Louisville health office, 1413 were whites and 207 colored, or about one-eighth of the total number; the normal proportion of colored population to white in Louisville is one to four, which indicates the mortality in the colored population to be 50 per cent. of what it is in the white for cancers in all situations. This I believe to be nearer the truth than the smaller hospital series indicates, as it deals with the entire population of the city, and is, moreover, nearly in accord with Billings's eleventh census statistics (death-rate 53.93 to 100,000 living white inhabitants and 36.65 colored). Further, these represent deaths, and are not open to the objections clinical diagnoses may be.

The discrepancy between the statistics of the hospital and health office are apparent and not real, for, while the hospital shows the colored race to suffer as often as the white, it should be remembered that the improvidence and indigence of this race force them into the city hospital twice as frequently as the more favored whites. The normal hospital proportion of colored to white is just double that shown by the city at large; hence the two reports are in perfect harmony and show the negro to suffer one-half as often from cancers in general as the whites.

Mammary Gland.—Far from being uncommon, as many practitioners believe, malignant disease of the mammary gland

Digitized by Google

is as frequent in the black as the white. Personally, I have seen five cases, and know from a colleague that two others were recently in the city hospital. The first case of cancer of the breast I ever saw was in a negress about forty years of age, as black as a crow's wing. She died from recurrence after operation, at the usual time and in the usual way, confirming the clinical diagnosis. In all the others the clinical diagnosis was confirmed by the microscope and by the death of each from recurrence.

There were 839 cases of cancer of the breast reported in the eleventh census: 811 females, 28 males. One occurred under 15 years of age; 163 between 15 and 45; 670 at and over 45. Rate of death to 100,000 inhabitants: females, 8.23; males, 0.29; age 45 to 65, 30.08; 65 and over, 50. Death-rate practically the same in white (4.27) and colored (4.19).

The records of the Louisville city hospital for the past twenty years show that three-fifths of the cases were whites and two-fifths colored, though the latter represent but one-third of the hospital population. Our health office shows that there were 58 deaths from mammary cancer in the past thirty years. Of this number 50 were white and 8 colored.

1868 to 1878—total number cases mammary cancer, 14; white, 14; colored, 0
1878 to 1888—total number cases mammary cancer, 17; white, 15; colored, 2
1888 to 1898—total number cases mammary cancer, 27; white, 21; colored, 6

1868 to 1898 . . . . . 58; white, 50; colored, 8

Undoubtedly there have been a larger number of deaths from cancer of the breast, but many have doubtless been entered as "cancer" without giving situation. Small as this series is, it emphasizes the increase of cancer in the negro, especially, and shows that as a race they suffered more frequently than the white during the past ten years.

Cancer of Uterus.—The eleventh census shows cancer of the uterus to be far more common in the colored race. There were 1472 cases reported and the death-rate was 24.94 in the negro and 14.41, or but little more than half the number in white women. Table shows death-rate per 100,000 during census period at all ages:—

	All ages.	15 to 45 years.	45 to 65 years	65 years and over.
Total	14.93	9.32	54.01	45.91
White	14.41	8.79	52.29	44.36
Native born . .	10.98	7.51	51.71	43.71
Foreign born .	22.92	11.98	50.79	41.77
Colored . . .	24.94	18.82	94.59	88.36

The death-rate is very much higher in the colored race for all ages.

Both the Louisville City Hospital and Health Office statistics show cancer of the uterus to be more common in the black race. From 1878 to 1898 there were 31 cases of cancer of the uterus in the city hospital; of these 23 were white and 8 colored (normal proportion of colored to white in hospital 1 to 3), showing relatively a greater number of cases in the black race:—

1878 to 1888—total cases, 13; white, 12; colored, 1.
1888 to 1898—total cases, 18; white, 11; colored, 7.
1878 to 1898—total cases, 31; white, 23; colored, 8.

From 1868 to 1898 there were 272 deaths from cancer of the uterus reported to the health office of Louisville; of this number 216 were white and 56 colored. It shows a percentage against the negro, our normal population being 1 to 4. Total number of deaths from carcinoma uteri in Louisville from:—

1868 to 1898—272; white, 216; colored, 56.
1868 to 1878— 39; white, 29; colored, 10.
1878 to 1888—190; white, 74; colored, 27.
1888 to 1898—133; white, 113; colored, 20.

I would be glad to pursue the subject of regional liability in the two races further, but it is impossible at this time; suffice it to say that liable as the mammary gland and uterus of the negro are to malignant disease, certain other regions which one would expect to suffer often do so infrequently. I have never seen cancer of the penis, larynx, or tongue in a negro, while rectal cancers are common.

Digitized by Google

Cancer is rare in Indians, and when it does occur, so I am informed, attacks the breast and uterus. Great smokers as they are, their immunity to cancer of the lips has been remarked upon by a number of army surgeons who have written me. Cancer is rare in all savage races, and is preeminently an affection which increases in frequency with a higher state of civilization. Dark-skinned races suffer less than the fair.

Age and Sex.—Women are twice as liable to malignant tumors on account of their proneness to disease of the uterus and mammary gland, which embrace one-half of the cases in the female sex. Snow's statistics, gathered from the Cancer Hospital in London, and those of W. Roger Williams, recently published, clearly attest woman's double liability. The sexes are upon a parity up to the fifth quinquennium, when the difference between them becomes striking. From 25 to 55 the female is nearly three times as liable to malignant disease, and from 55 to 90 is almost twice as obnoxious. Gusserow, who analyzed 3385 cases of uterine cancer, found only two to have occurred prior to 20; while of Gross's series of 1622 mammary cancers the youngest was 21, a ready explanation of the heavy tribute woman pays to malignant disease during the activity and devolution of her sexual organs.

Age.—Infancy and childhood are practically exempt from epithelial malignant neoplasms (cancer), the youngest case on record being one of cylindroma of the rectum in a girl aged 11 (Stern). Cancer being rare prior to 30, then gets to be more common, is ever thereafter more liable to occur with each succeeding year, and has been reported by Sutton at 102. Practically all tumors of infancy and early childhood are sarcomata, they being nearly as exempt from benign neoplasms as they are to true cancers. Sarcomas of the eye, kidney, testis, and prostate are common in infancy, and may be in many instances congenital.

Duzan analyzed 182 cases of sarcoma in infancy, and found 70 of the eye, 45 of the kidney, 11 of the testicle, 8 of the prostate; while the bones, tongue, abdomen, and brain were affected 5 times each; lung and dura mater 4 times; pancreas, 3; liver, tonsil, and rectum 2 each, and stomach 1.

During the second decennium the long bones and maxillæ are the usual sites of sarcoma. The long bones still suffer in the third, and in the fourth decennium some of the long bones, as the humerus, and the mammary gland and testicle exhibit their greatest tendency to sarcomatous change. After forty, sarcoma is rather uncommon until sixty, when it again becomes frequent. Like cancer, it is common as a senescent change, but unlike it, shows its greatest destructiveness in infancy and early childhood.

The following tables are by W. Roger Williams, on "The Malignant Tumors of Infancy, Childhood, and Youth" (The Lancet, London, May 1, 1898):—

TABLE 1.—Showing the deaths due to malignant disease at different age periods:

Sex.	All ages.	Under 1 year.	1–2	2–3	3–4	4–5	Total under 5 years.
Males . .	57,454	8	6	6	6	5	31
Females .	10,489	7	6	6	6	6	31

	5–10	10–15	15–20	20–25	25–35	35–45	45–55	55–65	65–75	75–85
Males . .	18	18	33	50	145	426	1095	1727	1555	591
Females .	15	18	25	41	321	1313	2464	2922	2330	910

Over 85, males, 65; females, 101. Total both sexes, 16,243.

TABLE 2.—Showing the number of deaths from malignant disease in early life per million persons living at each age period:

Age periods.	Under 5.	5–10.	10–15	15–20	20–25	All ages.
1861–70 . . .	13	7	7	7	17	384
1871–80 . . .	12	7	7	15	27	464
1881–90 . . .	20	10	11	20	35	539

Digitized by Google

Benign Neoplasms.

As a class the mesoblastic benign neoplasms are more common with the negro, he being exceptionally obnoxious to fibroma, lipoma, and keloid. Molluscum fibrosum, which I am not disposed to question as more frequent in the negro, is, I am sure, a more common affection in the whites of this and even more northern latitudes than authorities admit. Many speak of it as an affection almost peculiar to the black races of the tropics, yet I have in my own practice seen three most beautiful instances of this disease in white males, all past 40, within the last four months. I have seen the disease more often in the white than the black. Keloid is also, I take it, more common in the white race than many believe, though it is certainly many times less frequent than in the negro. I have seen a number of typical keloids supervening upon vaccination scars, on the lobule of the ear after the piercing, and upon cicatrices variously situated, in the white race. I agree perfectly with Tiffany that operation does no good in young subjects, and that there is in elderly persons afflicted with keloid a spontaneous tendency to undergo resolution. There is no disproportion between the sexes in their liability to benign tumors.

Age.—As has been intimated, the very young are practically exempt from benign neoplasms. The first decennium suffers rarely, and then usually from congenital angiomata and lymphangiomata.

Tuberculosis of Bones, Joints, Serous Membranes, and Glands.

Pulmonary consumption, which was practically unknown to the Africans and Indians of North America, several generations ago, has become their deadliest foe, and is fast decimating their ranks. It is more than twice as common in the African as the white, and still more prevalent with the Indian, the latter race suffering directly in proportion as they give up their tepee life and live in poorly ventilated buildings. Therefore, it is not surprising that local tuberculosis of bones, joints, lymphatic glands, and serous membranes should show the same proportion of cases in the three races.

I am informed by reliable observers in the Medical Corps of the Army and Indian Departments that an enormous percentage of Indian boys and girls develop one or more varieties of surgical tuberculosis when they give up their out-door life for the school-room. Tuberculosis in all of its manifestations has increased with the Mexicans in the same ratio as with the Indians.

Age has a distinct influence, and a majority of such cases occur in the first decennium, about one-fourth in the second, and the remainder after 20. The two sexes are equally obnoxious.

Varicocele.

This disease is closely associated with the evolution of sexual apparatus, and is, therefore, largely encountered in adolescence. In my own series of 215 operative cases, and many others not thus treated, I never found it to begin before puberty, and rarely after 30. The immense preponderance of cases will be met with in the decennium from 15 to 25. Occurring, as it generally does, in youths who have not begun a sexual life, it is, as a rule, cured by marriage, unless of long standing and accompanied with atrophy of the testicle. While relatively rare in married men, I have operated within the last year upon four such cases in men aged 24, 30, 35, and 57 years, respectively, the last being older than any other case in my series; in fact, his was the only instance of the disease I have seen past 40. He was a frail man, doing heavy lifting in his occupation as ship carpenter. The pampiniform plexus was greatly enlarged in this case, and the pain in the cord and back, and the dyspeptic symptoms were so pronounced that he was sent to me from Indiana for operation. He was promptly cured, and I have never seen a quicker and more decided improvement in one's general health follow any surgical procedure.

Digitized by Google

Negroes are practically immune to varicocele. It has been frequently observed that this race enjoys a relative immunity to varices in general. Varicose veins of the legs and hæmorrhoids are noticeably less common in the negro, still a number of such cases have come under my observation. I have for fifteen years been looking for a varicocele in the negro, and my chief of clinic has been instructed to examine all males coming to our clinic, and has done so with negative result. In an analysis of more than 600 cases treated and operated upon by Louisville surgeons, not a single case has been seen in the negro, and only one encountered in a mulatto. I have taken great pains to see each of the clinical teachers and their assistants, and the records of the four large dispensary services of Louisville do not furnish a single case of varicocele, notwithstanding the fact that nine-tenths of our patients are negroes. Correspondence with surgeons and clinical teachers of other cities has almost invariably been followed by the statement: "Have not seen varicocele in negroes."

Prof. J. William White, of Philadelphia, recently told me that, in several hundred operations he had done for varicocele, none were on negroes. Horwitz, of Philadelphia, in 278 cases, has seen but a single instance, and that in a mulatto. Kirby, of Philadelphia, has not seen it in the negro. Tiffany, of Baltimore, has had but one case, and that in a bright mulatto. Prof. John P. Bryson, of St. Louis, writes me as follows: "We have failed to elicit, either from private practice or from clinics of the St. Louis Medical College or the St. Louis Hospital, a single case of prostatic hypertrophy or of varicocele occurring in the full-blooded negro. While, as you say, the negro population of St. Louis is not large, it seems unlikely that these conditions should exist to any but the rarest degree without some of them appearing at one or other of the two above-named clinics. I have had abundant evidence of the prevalence of tubercular affections of both prostate and testis in the full black, but of hypertrophy of the former or of varicocele I have no record or memory. The question is an interesting one, and may shed, on investigation, some light upon the obscure subject of the etiology."

Prof. Hunter McGuire, of Richmond, Va., writes me as follows: "I have never seen a case of varicocele in the full-blooded negro. I do not remember to have seen one in a mulatto."

Dr. F. C. Leber, of Louisville, writes: "Varicocele is rare in the negro. I can speak decidedly in regard to this, since, in the four years during which I was President of the United States Board of Examiners of Pensioners in this city, I cannot recall a single instance of this disease, while the cases in which pensions were granted to white veterans for this affection were quite numerous, as the records show."

Captain and Assistant Surgeon William L. Kneedler, United States Army, writes: "I have never seen a well-marked case in the negro. I served three years with colored regiments and examined many negro recruits."

Lydston, of Chicago, has seen "one case of moderate varicocele in a mulatto."

Bull, Wyeth, and Coley, of New York, tell me that they have never seen varicocele in the negro.

Therefore, I take it, I am justified in assuming that the full-blooded negro is practically immune, and that mulattoes have varicocele most rarely. No one, so far as I know, has investigated this subject before, but it does seem to me that the evidence here presented is weighty. There are, I think, good reasons anatomically and physiologically for this marked immunity. Anatomically the testicles do not hang so low as in the white; are not so large, though the penis is larger, and the scrotum is close fitting and less lax than in the white man. In the negro the condition is much like the scrotum of the dog. Physiologically the negro begins his sexual life at puberty, and does not know what it is to be con-

Digitized by Google

tinent any time thereafter. Dissections which I have made and caused to be done have failed to show any difference in the veins of the negro from the white.

The usual causes of varicocele given in text-books and other literature fail to explain this striking immunity of the negro. I am satisfied that the better mechanical support given his veins, together with his lascivious life, furnish the best explanation. I also believe that the reason for this disease's always affecting the left pampiniform plexus of veins is mostly due to the fact that the left testicle is larger, heavier, and more dependent than the right. This in conjunction with the fact that the spermatic veins empty at a right angle into the left renal instead of at an acute angle into the vena cava as upon the right side, and the absence of a valve upon the left side, which was shown by Brinton to exist upon the right, offer a perfectly satisfactory reason as to the left-sidedness of this disease, entailing, as it must, a sluggishness of the venous circulation upon this side. I do not believe that it ever occurs upon the right side unless preceded by a larger varicosity upon the left. In my 215 operations for varicocele I have encountered it as a bilateral condition in two cases, and in each the trouble was primary and much greater upon the left side. In only one of these cases did I operate upon both sides. In the second case the varix upon the right side promptly subsided after operating upon the left.

Several army surgeons to whom I have written making inquiry if varicocele was common among the North American Indians have replied always in the negative. It must be, from the information I have at hand, at least rare, if it occurs at all, with the Crow, Arapahoe, Cheyenne, Sioux, Apache, and Comanche Indians.

Enlarged Prostate.

My own experience leads me to believe that enlargement of the prostate as a senescent change is common enough in the white after 50, but rarely seen in the negro. Every surgeon to whom I have written expresses the same opinion, many stating that they have never seen it in the full black. Prof. Hunter McGuire writes me as follows: "As much as I have had to do with this subject and as much as I have written about it, I never saw a case of chronic hypertrophy of the prostate gland in a pure negro; I see it very often in the mulatto and mixed breeds." Dr. F. C. Leber, who was President of the Louisville Board of Examiners of Pensioners, says that in his four years' service no case of enlarged prostate presented for examination in the negro. He has not seen it in private or hospital practice in thirty-seven years' experience. Prof. John P. Bryson, of St. Louis, writes that while he often sees tuberculosis of the prostate and testicle in the negro, he has never seen a single case of prostatic hypertrophy, nor do the records of the college and hospitals of St. Louis, with which he is connected, show a single instance of this affection. Profs. F. W. Samuel and H. H. Grant, of Louisville, both surgical teachers and busy men, have never seen enlarged prostate in the negro, notwithstanding the fact that our negro population is one to four and our clinics are made up almost entirely from the negro population. Other Louisville surgeons, as Bloom, Roberts, Vance, Cartledge, Orendorf, and Blue, have all expressed the opinion to me and have written that enlarged prostate in the negro is very rarely encountered. I have seen one case in a negro past 80 in twenty years' experience. My distinguished friend, Prof. P. S. Conner, of Cincinnati, writes me that "enlarged prostate is infrequently found in blacks."

The records of the Louisville City Hospital for the past ten years have been most carefully examined, and there has not been a single case in the negro. I therefore agree with Matas that chronic enlargement of the prostate gland is a rare disease in hospital practice in Louisville, as it is in New Orleans, but cannot agree with him that it is

Digitized by Google

relatively nearly twice as common in the black race. Age has a most important bearing upon enlarged prostate, and it is practically never seen before middle life. It is said by most authors that about one-third of all males past middle life are subject to some enlargement of the prostate; in only about one-tenth of these, however, is the enlargement of such a nature as to be of pathological import. I am sure that I have never seen enlarged prostate, not clearly due to malignant disease, prior to 50, and few cases under 60. White and Martin state that prostatic enlargement occurs, as a rule, in men who have passed the age of 55, and that "on the basis of extensive tabulations it is, however, apparent that enlargement of the prostate begins only exceptionally under the age of 50, or after that of 70."

Since writing the above a letter has been received from Prof. H. H. Mudd, saying that his case of supposed hypertrophy of the prostate in a negro aged 27 proved to be malignant. This case has been often quoted, and I am glad to have an authentic statement from Dr. Mudd. In his letter he says: "I have never seen a pure case of hypertrophy of the prostate in the negro. I reported two cases at one time; one a pure case of hypertrophy in a white child, aged 13 months, and another, a full-blooded negro with very large prostate which proved to be malignant. The prostate of this case was a hard, firm, malignant growth of the size of the two fists. I will look up my reports and see if I can give you a description of the pathological conditions found by examination under the microscope."

A letter of more recent date says that the enlargement of prostate filled the pelvis and was found to be alveolar sarcoma. This disposes of a hitherto puzzling and much quoted case.

Gall-stones.

That gall-stones practically never occur during the first decade of life, and but rarely in the second, I am now assured after an extensive search of the literature of the subject and personal correspondence with a great many surgeons who have been kind enough to give me reports of the ages of all cases operated upon. It may be said that they are infrequently seen under 30. After 30 cholelithiasis becomes progressively more common with advancing years. In more than 9000 autopsies gall-stones were found in one case in every thirty by Naunyn; in persons past 60, one out of every six is affected. The disease is unmistakably more common in women than in men, the proportion being usually given as five to two. In my opinion the disproportion is even greater than this, as is shown by a careful analysis of more than 100 cases operated upon by Louisville surgeons. Of 102 cases where sex was stated 18 only were males. The wearing of corsets, etc., has been held to explain the greater prevalence in females, but it would seem to me that a better explanation is given by their sedentary habits and greater tendency to stomach, liver, and bowel troubles.

That the colored race is far less frequently affected than the white seems certain. Prof. Tiffany writes me that while he has done many operations for gall-stones in the white, he has never seen a case in the negro. Prof. Hunter McGuire writes me that he has never seen a case in the negro. Dr. W. E. B. Davis, of Birmingham, has met with a case in a mulatto, but has seen none in the full-blood. In 106 cases operated upon by Louisville surgeons, but one was in the negro. I have at great pains seen every surgeon in this city and gone over their series carefully with them, and am sure that these statistics are absolutely trustworthy. I have done more, and have gone to Dr. Soloman, Curator of the City Hospital, who has kept a record of every post-mortem examination he has made since he has been curator (two years), and in not a single instance have stones been found in the gall-bladder of a negro. It, of course, was examined in every

Digitized by Google

post-mortem. He found them frequently in whites.

That the negro should suffer less frequently is, I think, explained by his more active life, better teeth, and stronger digestion, coupled with the fact that they do not indulge in the highly seasoned and bilious-making food of the whites; they are also less liable to malaria and other conditions dependent upon, or associated with, a torpid liver.

Aneurism.

According to the Eleventh Census Report aneurism is far more common (3 to 1) in the colored than in the white race. The records of the health office in Louisville agree fully with Billings's statistics, showing that in a population of one to four there were nearly as many deaths in negroes as in whites (14 colored and 18 whites) in the last decennial period.

Of patients treated at the Louisville City Hospital for ten years past, there were slightly more than three times as many negroes as whites, although the proportion of white to colored patients in this institution has been nearly three to one. Sex also has a most marked influence in the etiology of aneurism. Crisp, in an analysis of 551 cases, found it to be seven times more common in men. Souchon's series of 98 cases shows 76 males and 22 females. An analysis of the cases at the Louisville City Hospital, and those reported to the health office for the past ten years, shows more than three times as many cases in men. The disproportion in the two sexes is, I think, readily explained by the greater tendency of the male sex to arterial degenerations, on the one hand, and their occupation and habits, on the other. Age has a most direct bearing, as aneurism rarely occurs before 30. In the series analyzed by me none occurred under 25; there were but three under 30, aged 25, 28, and 28, respectively. The greatest number of cases will be found between 35 and 55. The disease is rare after 60. The following table gives a record of all cases reported to the Health Department of the city of Louisville during the past ten years:—

	White			Colored			
Age.	M.	F.	Sex not stated.	M.	F.	Sex not stated.	Totals.
1 to 10							
10 to 20							
20 to 30	2				1	1	4
30 to 40	3		2	1	1		7
40 to 50	3		1	3	2	1	10
50 to 60	3	2			1	1	4
60 to 70		2		4		1	7
70 to 80							
Totals	11	4	3	8	5	4	32

Males: White, 11; colored, 8; total, 19. Females: White, 4; colored, 5; total, 9. Sex not stated: White, 3; colored, 4; total, 7.

Aneurism is apparently far more common in some races than in others, being very frequent and seemingly increasing in England, while it is one of the rarest affections in China, due, it is said, to the non-stimulating rice diet, temperate habits, and phlegmatic temperament of the Chinese. Prof. Hunter McGuire, of Richmond, Va., writes me as follows: "Aneurism is much more common in the negro than in the white in my experience." Prof. Tiffany, of Baltimore, writes of the frequency with which aneurism occurs in the black race. Nearly all surgeons to whom I have written and from whom I have received replies have remarked upon the greater liability of the black race to aneurism. I regret to say that few have given any reports of cases, and that these statements are merely impressions gained from a large experience, but not substantiated by statistical detail. It is certainly my own conviction that aneurism is relatively far more common in the negro, and, therefore, cannot agree with Matas's statement that aneurisms are somewhat less common in the African: a fact he thinks due to their comparative immunity to gout, rheumatism, and alcoholism.

Tetanus.

While tetanus is co-extensive with civilization, affecting every race and clime, it

Digitized by Google

is more common in subjects living in hot climates and possessed of dark skins. Negroes, Hindoos, South Sea Islanders, Italians, Spanish, and French are less resistant to the germ of Nicolaier. In this country the negro is unquestionably more obnoxious, the infant mortality being heaviest. Appreciating the indifference with which negroes treat minor injuries, and their proverbial uncleanliness, we can well understand their greater liability to infection.

The mortality among colored infants is particularly high in comparison to the white, which is explained by racial predisposition, on the one hand, perhaps, and by the greater chance for infection through the cord of the newborn, cut, as it is, with dirty scissors, handled with dirtier hands, and wrapped in unclean rags. A large percentage of colored infants die from trismus neonatorum on Southern plantations, death usually occurring within a fortnight after birth. In the island of Jamaica and other more southern countries, the death-rate is at times frightful, being from one-quarter to one-half of all infants born; yet the whites here do not suffer to any degree.

According to Billings's recent census report, there were 2019 deaths in the census year: 1238 males and 781 females. In 1880 the death-rate was greater. Persons from 5 to 15 years show the highest death-rate (1.74); those from 15 to 45, 1.04; and over 45, 1.42. The death-rate in boys was nearly five times as heavy as in girls. There were sixty deaths in Chicago during the month of July, 1881, due to toy-pistol accidents. This, I think, explains the greater prevalence in males; they are simply more exposed to accidents of all kinds and are not more liable, *per se*, to infection.

Tetanus is, or has been in past wars, frequently encountered in military surgery. English soldiers in Spain suffered from tetanus in proportion to one case in eighty wounds; and in the East Indies, in 1872, twice as often. During the Civil War our troops were more fortunate. A letter just received from Surgeon-Major J. C. Merrill, United States Army, and librarian of the Surgeon-General's Office, is as follows: "I would state that out of 246,712 injuries by weapons of war, 505 (0.20 per cent., or a little over two in a thousand) were followed by tetanus. I may add that over one-half of these cases occurred after injuries to the lower extremities: a fact that has been noted by several authors in other statistics. Your second question, as to the relative frequency of tetanus or erysipelas in colored and white troops, and also in North American Indians, cannot, I think, be answered without an amount of search that would require weeks to make it valuable. Isolated cases are reported here and there, but I know of no statistics of sufficient numbers to throw any light on this matter."

The Italians, Spanish, and French have suffered more in their wars than soldiers of more northern countries with fairer skins. Sudden variations in temperature and the depressing effects of defeat have always increased the number of cases in military surgery.

I am told by Hebrew surgeons that trismus neonatorum is more common than it should be in Jewish infants. It can well be explained, if true, by the manner of performing the ritual circumcision. The Mohel is necessarily surgically unclean and careless in performing the operation, and infection should be easier than if this function were transferred to surgical hands. I am reliably informed by one of my Hebrew medical friends of Louisville that a well-known Mohel of that city is himself infected in a serious way, and a very unfit person to officiate as he does. I am further told by Jews who were born in Russia and other countries, that an affection, which I take it, from their description, must have been trismus, is quite common among Jewish infants there. The Jews are a shrewd, wide-awake, sensible people, quick to see their own interests, and it is reasonable to assume that time will soon bring about a change of sentiment in this rite.

Digitized by Google

Health Office.—Deaths reported due to tetanus from 1888 to 1898:—

White 5, colored 3, total 8 cases, age not given; white 39, colored 16, total 55 cases over one month; white 126, colored 29, total 155 cases under one month. Total, 218 cases. Total white, 170. Total colored, 48.

Varicose Veins.

Varices of the limbs are but seldom encountered in negroes. Of 23 cases of varicose veins of the legs, without ulcer, there was but a single case in a negro, a male aged 44. Of 29 varicose ulcers there was only one case in a negro, a man aged 53. Of the 45 cases there were 13 females and 32 males.

Varicose veins of the limbs are rare before 30, there being but two in the series, aged 27 and 28, respectively. Between 30 and 40 there were 4 cases, between 40 and 50 there were 4 cases, between 50 and 60 there were 6 cases, between 60 and 70 there were 7 cases, between 70 and 80 there were 2 cases. Varicose veins of the limbs are uncommon with Indians, Mexicans, and Chinese.

Erysipelas.

The total number of deaths due to erysipelas, in the United States Census Report just issued, was 2663. The death-rate per 100,000 inhabitants was as follows: Under 5 years, 31.34; 5 to 15 years, 0.81; 15 to 45 years, 2.80; 45 to 65 years, 8.88; 65 and over, 38.55. Very few cases occurred in colored persons, so few as to be of no value. A careful examination of the records of our city hospital and the Louisville Health Office shows that the disease is not so rare in the negro as many suppose. Of 79 deaths due to erysipelas, reported in the past ten years to the health department of this city, 17 were colored, which is about the normal proportion, our population being one to four.

Those who are unaccustomed to seeing erysipelas in the negro are apt to overlook it on account of the color of his skin. Sex would seem to have but little effect. The two extremes of life suffer by far most frequently, young adults and middle-aged persons having it but rarely. Erysipelas of the newborn has not been a frequent affection in Louisville, judging from records of deaths reported to the health department. In ten years there have been 11 cases dying within the first month of life; of these 10 were white.

Stone in the Bladder.

Dr. George Ben Johnston, of Richmond, Va., has made a careful investigation of 1068 cases of urinary calculi occurring in twelve Southern States, and finds that the negro is less immune to this affection than has been hitherto believed by many surgeons. It occurs once in every 11,732 whites, and in the black race once in 55,305. It is, then, nearly five times (4.72) more frequent in the Caucasian. Sex was specified in 708 cases, there being 691 in males and 97 in females; more than seven times as frequent in the male sex. The ages of his cases in this large and interesting series were not given, I regret to say. Gross analyzed 6042 cases of urinary calculi with reference to age, and found that:—

2334 occurred from 1st to 10th year.
1079 occurred from 10th to 20th year.
513 occurred from 20th to 30th year.
353 occurred from 30th to 40th year.
422 occurred from 40th to 50th year.
536 occurred from 50th to 60th year.
587 occurred from 60th to 70th year.
201 occurred from 70th to 80th year.
17 occurred from 80th to 90th year.

It will be seen that more than one-half of all cases occurred within the first two decades of life, and that the first furnishes more than double as many cases as the second, the latter more than double the number in the third decade. The ratio is then pretty well maintained until the sixth decade, when an increase is noted; this increase to be still further augmented in the seventh decade. When it is remembered that there are relatively fewer persons living in the sixth and seventh decades, it will at once be seen that the two extremes of life,

Digitized by Google

the first and seventh decades, respectively, are most obnoxious to urinary calculi. Stone in the bladder occurs everywhere, affecting every race, but it is found in some countries more frequently than in others. In North America it is found most frequently in Kentucky, Tennessee, Ohio, Missouri, North and South Carolina, Virginia, and Georgia. New England is relatively exempt, as are also Mississippi, Alabama, Arkansas, Louisiana, and a few other Southern States. Stone is common in France, Austria, Hungary, and Russia; seldom seen in Spain and Switzerland. It is also frequent in England, though less so in Ireland. It is very common in India. In China gravel and calculus are, according to Gudgeon, of Pekin, among the rarest of affections. Stones are common enough at Canton, but of infrequent occurrence at other points. It has been supposed to be due to the fact that the inhabitants here live largely upon fish, but this can hardly be, as Gudgeon states that the diet, water, and habits are the same here as at other Chinese centres.

Opium eating is supposed to lessen the liability of the Chinese, as a race, to stone. Certainly it is not the drinking of limestone-water, as river-water is universally drunk and very generally boiled before drinking. Little cold water is drunk in China. A number of my surgical friends in the Medical Corps of the United States Army assure me that stones in the bladder and kidney are rare among the North American Indians, and the reported cases will generally be found to have occurred as a result of traumatism, a nucleus in the bladder inviting the deposition of the solid constituents of the urine around it. I have reports which justify me in thinking that vesical calculi are more common with Mexicans, one operator in the small town of Santa Fé reporting five operative cases.

Stone in the Kidney.

Practically all that has been said of vesical calculus pertains with equal force to the renal variety. The two extremes of life are most obnoxious; males also suffer about twice as often as females, some placing it as much as three times as frequently. Some excellent authorities, however, as Duplay, Réclus, and others, think the two sexes equally affected. It is very certain that the disproportion which exists between the two sexes in vesical calculus does not exist here, and does occur in the former disease for obvious anatomical reasons. The short, capacious urethra of the female easily allows gravel to pass, which in the male must remain in the bladder and act as nuclei for future stones. No cases have been reported to me as occurring in the negro.

Ovarian Growths.

Ovarian tumors, cystic and solid, occur at all ages and in every race so far as I know. The more usual form of growth is cystic in character, simple or dermoid. Both varieties may be congenital, and frequently are, and only await the stimulation which puberty brings to awaken them into renewed life. Therefore, while the records abound with instances of operations done upon simple and dermoid cysts in children by operators all over the world, we may say that prior to puberty ovarian growths are relatively rare. An infant 4 months old was successfully operated upon by D'Arcy Powers at the Victoria Hospital for an ovarian cyst containing fifty-nine ounces of fluid, reported only a few weeks ago. Hoffman reports an unsuccessful case at three months, the tumor containing six to eight pints of fluid and the solid portion weighing 2½ pounds, in all 10 pounds. Busch operated unsuccessfully upon an ovarian cyst in a child 24 months old. De Santa Anna removed a dermoid cyst in a child 1 year old, Roehmer one from a child 20 months old, and Schwartz one from a child 4 years old. Mears, Barker, and Rein have operated in cases of children under 7 years of age; while Thornton, Lucas, Hamaker, Cupples, and Chenoweth have operated in

Digitized by Google

children from 7 to 7½ years. Sir Spencer Wells and many others report operations in children under 10 years of age.

As to the other extreme of life, the same may be said, the octogenarian being not immune. A great number of cases have been reported in women past 70, and a reasonable number at 80 and beyond. Cartledge, of Louisville, recently operated successfully upon a case past 81. Homans reports a case at 82. But, while it is true that ovarian cysts may and do present themselves at any age, it is also true that they are most likely to develop during the sexual life of the host. Puberty stimulates not a few to rapid growth, especially dermoids; therefore, it is not unusual to find such growths under 20. They, and all other ovarian tumors, are more common, however, during the next three decades of life.

Much has been written about the immunity of the negro to cystic diseases of the ovary, yet literature teems with instances of the affection in the colored race. It is unquestionably less common in the negro, but the difference in liability of the two races which is supposed to exist by many surgeons is not supported by careful statistical data. A great many ovarian cysts in the negro, full-blooded as well as mulattoes, have been reported to me by various surgeons of the South. The records of the Health Office of the city of Louisville show that there have been nearly one-third as many deaths from ovarian tumors in the colored race as in the white during the past ten years. This would indicate them to be even more common than in the white, as the normal proportion of colored to white population is one to four; yet this is not the case, I fancy, as the discrepancy is easily explained, I think, in several ways. In the first place, the colored race is less resistant to surgery of all kinds, which fact seems clearly established by Matas, from the enormous experience of the Charity Hospital of New Orleans. In the second place, negroes are oftentimes operated upon by less skilled abdominal surgeons and under environments less advantageous than whites enjoy.

I am, to conclude, satisfied that the supposed immunity which the negro is thought by many to enjoy does not exist, except to a limited degree, if at all; for if they were immune at one time, the immunity hitherto enjoyed has, like unto that from malaria and yellow fever, almost wholly disappeared. The size of ovarian growths varies from a walnut to a mass aggregating a weight of 245 pounds, the largest tumor on record, removed by Cartledge, of Louisville, within the year. A female laparotomist of Japan removed one weighing considerably less. Keen, of Philadelphia, removed a very large tumor in a girl 15 years of age, weighing 111 pounds, the child weighing after removal, 68 pounds.

Malignant disease (usually sarcoma) of the ovary may occur. It is four times as common before the age of 15 as afterward; 25 per cent. die from any operative interference, and nearly all within a year from recurrence. Convalescence is also tedious in those who survive operation.

Congenital Deformities.

Harelip, cleft palate, club-foot, spina bifida, and all congenital deformities are certainly less frequent in the negro, judging from the experience of Louisville surgeons and other practitioners in Southern cities to whom I have written. But a single case of harelip and cleft palate, both in the same individual, has been operated upon in Louisville, so far as I can learn from personal interviews with its surgeons and examination of the records of the city hospital and college clinics, for the past ten years. Club-foot and spina bifida in the negro have never been encountered in my practice, nor, so far as I can learn, has it been in the practice of other Louisville surgeons.

Congenital deformities of all kinds are also reported to be most rare with Indians. The only deformity reported by any of the many surgeons to whom I have written was

Digitized by Google

one case of club-foot and a double harelip, both in Sioux children. The club-foot was in a boy and the sex of the harelip case was not given by the reporter, Dr. William L. Kneedler, captain and assistant-surgeon in the United States army. Other army surgeons who have answered my inquiries have all stated that they have never met with these deformities in Indians; most of them, however, stating that they may not be so rare as their observations would indicate, for it is the custom of the Indians to put deformed children to death soon after birth. The Jews, I am informed, suffer less than others from congenital deformities. The Mexicans as a race suffer more frequently than Indians from all congenital deformities, and a number of cases of harelip, club-foot, supernumerary digits, etc., have been reported to me. One family in the practice of Dr. J. M. Diaz, of Santa Fé, N. M., is remarkable for each of six children having six fingers and as many toes upon each hand and foot.

Appendicitis.

That appendicitis is relatively a rare disease with negroes is a fact substantiated by all Louisville surgeons and others from whom I have received answers to my questions. In analysis of 250 cases operated upon by Louisville surgeons, but 5 cases have been reported in negroes. This would indicate a striking immunity, as it shows the disease to be only one-tenth as common in the black race.

Sex.—Nearly all writers on this subject have remarked upon and tried to explain the greater frequency of appendicitis in the male. That it is more common in men none will deny. Just what the difference in liability is, it is not easy to say. Fowler's statistics indicate it to be rather more than four times as common—142 men, 35 women. In 92 cases analyzed by myself there were 58 males and 34 females.

Age.—The influence of age is not less marked than that of sex and race. The disease is common between 15 and 35. Though Holt, Villard, and others report cases under 5 years of age, but few are of record, and we are justified in saying that the first quinquennium of life enjoys a practical exemption from this affection. It is rare in the second quinquennium, more common in the third, liability further increased in the fourth, and reaching the maximum in the fifth quinquennial period, then declining slowly in the sixth, seventh, and eighth, to become thereafter a rare disease. The average age in 92 cases was 23.13 years.

I have analyzed 92 cases with reference to age and sex: Of these there were 58 males and 34 females. The ages were as follow:—

	Cases.
Under 5 years (3¾ years)	1
5 to 10 "	9
10 to 15 "	11
15 to 20 "	18
20 to 25 "	19
25 to 30 "	16
30 to 35 "	4
35 to 40 "	4
40 to 45 "	5
45 to 50 "	2
50 to 55 " (51, 52, and 53)	3
Total	92
Average age	23.12 years.

In Fowler's cases (Annals of Surgery, May, 1894) 142 were males and 35 females. The age of the youngest was 2.5 years, the oldest 68 years. In the youngest case the disease was tubercular in character. This was the only case occurring under 5 years of age.

	Cases.
Between 5 and 10 years	8
" 10 " 15 "	21
" 15 " 20 "	29
" 20 " 25 "	43
" 25 " 30 "	23
" 30 " 40 "	28
Over 40 years	16

Experience of Louisville surgeons:—

James M. Holloway: "I recall but one case in the negro." A. Morgan Vance: "Forty-four cases, one negro; average age, 24." A. Morgan Cartledge: "I have operated but once on the negro in more than

Digitized by Google

one hundred cases; first, second, third decade." J. Garland Sherrill: "Three cases; none in negro; aged 55, 20, and 38." H. Horace Grant: "About 5 per cent. in negro." W. O. Roberts: "About twenty cases; one in negro." T. B. Greenley, Meadow Lawn, Ky.: "Have never seen case in negro." J. R. Buist, Nashville, Tenn.: "Common from 5 to 40; rare in negroes." Hunter Maguire, Richmond, Va.: "I see very little difference in appendicitis in the two races; probably it is a little more common in my experience in the white." L. McLane Tiffany, Baltimore, Md.; "I have operated upon two negroes for appendicitis; one a male child, one a young male adult." In more than fifty operative cases I have seen appendicitis but once in the negro.

Rectal Diseases.

That all periods of life do not suffer from the several diseases of the rectum is apparent to every observant practitioner. Children frequently have prolapsus ani and polypi, but rarely other rectal affections. Elderly persons also enjoy a relative immunity to rectal disorders, as they suffer infrequently from the more common troubles, hæmorrhoids and fistula. Cancer, to be sure, is more frequent with them, but it is, comparatively speaking, a rare disease. Middle life is the time when piles, ischio-rectal abscesses, fistulæ, and fissures are most prone to occur. They are all frequent. An analysis of 70 cases of hæmorrhoids shows only three patients under 20 to have suffered—at the ages of 14, 18, and 19 years, respectively.

Suffered in the third decennium	14
Suffered in the fourth decennium	15
Suffered in the fifth decennium	19
Suffered in the sixth decennium	19
Suffered in the seventh decennium	3
Total	70

Sex seems to have an influence, as less than one-third were females (females, 23; males, 47).

Race has a more marked influence, there having been 60 whites to 10 colored. As these were hospital cases where the proportion of colored to white patients was 1 to 3, piles seem to be more than twice as common in the white.

Hæmorrhoids are said by army surgeons and others to be rare among the North American Indians. The celebrated authority, Van Buren, who spent some years among them, stated that he never saw a case of piles in an Indian. Dr. F. A. Winter, assistant-surgeon in the United States Army, informs me that hæmorrhoids are reported to be common with the Mexicans, and their liability is supposed to be due to the free use of mescal. Piles are common with the Mexicans of New Mexico, where pulque is not used as a beverage, and is supposed, by nearly all of the practitioners of the territory, to be due to the free eating of Cayenne pepper.

I am told by careful observers doing much practice among the Jews that they are, as a race, liable to rectal affections. Dr. Gerster, of New York, for many years surgeon to Mt. Sinai Hospital, where the patients are mostly Hebrews, gave it as his opinion in a paper read before the American Surgical Association, that this race frequently suffered from rectal affections. He expressed the same opinion to me personally.

Fistula in ano is just as common, or nearly so, in the colored race as in the white. An analysis of 43 hospital cases shows 33 whites, 10 negroes; normal proportion of colored to white, nearly 1 to 3. The liability of the negro to tuberculosis explains his being more frequently affected with fistula than piles. Twenty-seven of the series were males and 16 females.

Age.—The first decade, as in piles, furnishes no cases; the second but 5 cases, aged 13, 16, 17, 18, and 19, respectively.

	Cases.
The third decennium furnishes	12
The fourth decennium furnishes	10
The fifth decennium furnishes	4
The sixth decennium furnishes	11
The seventh decennium furnishes	2

Fistula is undoubtedly more fatal in the

Digitized by Google

colored race. Of the fatal cases reported to the Louisville Health Office during the past ten years, there were nearly twice as many deaths in negroes, although the normal proportion of colored to white population is only 1 to 4. This would indicate fistula in the negro to be nearly eight times as fatal as in the white. The excessive mortality in the colored race can be explained by their greater tendency to tuberculosis, sepsis, and syphilis.

Acute Intestinal Obstruction.

Omitting congenital malformations as a cause of obstruction, we have first, invagination or intussusception; second, impaction of foreign bodies, notably gall-stones; third, volvulus or twisting of the bowel upon its axis, said to be due to elongation of the mesenteric attachment of the gut; and, fourth, internal strangulation, either due to an inflammatory band, a Meckel diverticulum, or a protrusion of the gut through some internal opening. I have only considered acute obstruction, as it would seem to have a more direct bearing upon the questions of age, sex, and race.

Intussusception.—Intussusception causes at least one-third of all cases of acute intestinal obstruction. According to W. Brinton, who analyzed 12,000 post-mortem examinations, intussusception causes about 43 per cent. of all cases. Leichtenstern and Fitz place the figures at 38 per cent., others place them as low as 30. Intussusception is pre-eminently an affection of infancy and early childhood. L. Emmett Holt has collected 385 cases of intussusception in young children; 141 were under 6 months of age, 89 between 6 and 12 months, 32 between the first and second year, 96 between 2 and 10 years. It will be seen that considerably more than one-half of these cases occurred within the first year. It was encountered more frequently in males than in females—174 against 94. In adults intussusception is said to be more common in women than in men (Park's "System of Surgery"). At least one-half of all cases of intussusception take place at the ileo-cæcal junction. Of the remaining cases twice as many will occur in the small intestine as in the colon.

Impaction of Foreign Bodies.—Foreign bodies, hardened fæces, and especially gall-stones, may occasionally cause intestinal obstruction. From statistics, which I have carefully examined, it would seem that this will explain about one case in fifteen of intestinal obstruction. I have seen two cases caused by impaction of enormous gall-stones, both in elderly subjects (white) and in females. Occasionally an instance will be met with in a child who has swallowed foreign bodies. Cases due to fecal impaction are usually in elderly subjects, a decided preponderance being females.

Volvulus.—Intestinal obstruction due to volvulus is comparatively rare. It nearly always occurs after middle life, frequently in elderly people, and is three to four times as common in men as in women. Elongation of the mesentery, which is supposed to act as a cause, may be congenital, but is usually exaggerated late in life as a result of prolonged traction, therefore explaining the relative frequency of this affection in elderly subjects, just as hernia is accounted for in the same way.

Internal Strangulation.—This variety of intestinal obstruction is the most frequent of all. It may be caused by a Meckel diverticulum, inflammatory bands, retroperitoneal herniæ, prolapse of the intestine into an abnormal pouch, or be a form of hernia. An intussusception is closely identified with the first decennial period of life, and volvulus with elderly subjects. This variety is associated with those between the two extremes of life. This is, as we might expect, on account of occupation, exposure, and the diseases to which we are liable during the active period of existence. In men it may follow appendicitis caused by a band constricting the bowel; in women it not infrequently follows pelvic inflammation.

Race.—Of 45 cases of intestinal obstruction reported to the health office for the

Digitized by Google

past ten years, 40 were white and 5 colored; 26 males, 19 females. This would indicate a mortality in the white race exactly double what it is in the black. (Normal population one to four.)

White: male, 23; female, 17; color not stated, 10; colored: male, 3; female, 2; sex not stated, 1; total, 56.

Clinical Lecture.

ROSACEA—VITILIGO—HYPERIDROSIS—POLYTRICHIA.[1]

By John V. Shoemaker, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen: Our first patient this morning is an excellent illustration of an obstinate, disfiguring, and by no means uncommon disease. A man, 43 years of age, comes here on account of an eruption which has been present upon the face for a period of six years. The man is a bartender by occupation. He has been in the habit of using liquor freely for the last fifteen years. He states that his general health is good, with the exception of rheumatic pains, to which he is subject from time to time. His appetite is good and bowels are regular. He has used tobacco very freely, both smoking and chewing, for a number of years. His favorite tipples were beer and whisky, but he has now abandoned the habit of drinking. Notwithstanding the patient's statement as to his health, his tongue is coated and he suffers to a certain extent from flatulent indigestion. His face has an extremely unwholesome appearance. The skin, especially of the nose, cheeks, and chin, is thickened and red, while its blood-vessels are perceptibly engorged.

In this case it is evident that we have to deal with a very chronic disease. It has progressed slowly but surely for six years. Now, we should ask ourselves what affection is capable of lasting such a length of time and what are the principal characteristics of this case? The history and progress are entirely different from that of syphilis. The latter disease would not have been present for so long a time without affecting any other part of the body except the face; without exhibiting a multiformity of eruptive lesions upon the skin; without the development of mucous patches in the mouth; without the occurrence of deep ulcerations and of gummy growths. The present case cannot be one of lupus. It has neither the fine scaling of the erythematous variety nor the tubercles and ulceration of lupus vulgaris. The absence of papules and pustules is also sufficient to exclude acne.

You cannot confuse the appearance here exhibited with those of eczema. No case of eczema ever lasted for six years without alternating periods of improvement and relapse, without scaling, incrustation, or moisture. Moreover, the diffuse redness upon this man's face is attended by a very distinctive feature. I refer to the engorgement of the superficial blood-vessels, which you can perceive standing out like red lines.

This localized redness of the skin, associated with injection of capillary blood-vessels, is significant of an affection known as rosacea, which almost invariably is confined to the face. Rosacea is a very chronic disease, and if it runs a complete course is marked by three stages. These are known as the congestive, the varicose, and the hypertrophic. The first two stages are exemplified in the present case. There is no determinate duration of any of these stages, and, as you see, more than one may be, and often is, co-existent in the same patient. The injected capillaries of the second stage are sometimes straight and sometimes tortuous.

At a late period of the second stage the excessive vascularity may excite the sebaceous glands into abnormal activity, when, in addition to the redness, the affected part will be of an oily and shining aspect. For this reason the disease was formerly de-

[1] Delivered at the Medico-Chirurgical Hospital.

Digitized by Google

nominated, and, indeed, still is by some writers, acne rosacea. The pathological process, however, is essentially distinct from that of acne.

The third stage of rosacea is not as frequently met with now as a generation or two ago, because the pleasures of the table are not so immoderately indulged in as in former years. Overeating and excessive drinking are great causes of this disease.

In the third stage the affected part becomes thickened and deformed. The tip of the nose becomes enlarged, pendulous, and either red or livid in color. In addition to gluttony and drunkenness, disorders of the stomach, bowels, or liver may give rise to rosacea, although you do not need to be told that these derangements of the digestive organs are frequently dependent upon excessive conviviality. The present is a case in point. This patient has been a free liver and a hard drinker. On the other hand, you must not leap to the conclusion that a particular case is due to the drinking habit. One of the worst cases of the third stage of rosacea which I ever saw afflicted a perfectly temperate man.

Local causes, long continued, may also produce rosacea. Thus, cooks, bakers, engineers, and coachmen are not uncommonly its victims. The habitual use of paints and cosmetics is also productive of this disease of the skin.

In the treatment of rosacea the bowels and the habits of life must be regulated. Visceral disorders should be combatted. If rheumatism or gout seems to have an influence in its production, an alkali is likely to be beneficial. Local applications are also of service. In the first stage the oleate of bismuth or zinc, the subnitrate of bismuth, the oxide or carbonate of zinc and analogous soothing remedies will generally answer a good purpose. In the second stage preparations of hamamelis or mercury are of advantage.

The above-named substances may be applied in the form of ointment or lotion, according to the circumstances of the case and the preference or convenience of the individual. In all stages massage and electricity are of avail. In the hypertrophic stage it may be necessary to retrench the redundant tissue by means of the knife.

In the case now before us I shall make use of the electric current, beginning with 5 milliampères and increasing gradually until a feeling of warmth is produced in the part. The application shall be made every second day. On account of the involvement of the liver, the patient shall be directed to take 10 minims of diluted nitromuriatic acid in a dessertspoonful of cinnamon-water after each meal. The carminative soothes and strengthens the intestinal glands. For the sluggish bowels the man shall take every other night a pill containing 1 grain each of blue mass, powdered jalap, and compound extract of colocynth. Finally, the following local application shall be made:—

℞ Acidi borici, ʒj.
Acidi salicylici, gr. x.
Olei eucalypti, min. x.
Unguenti zinci oxidi benzoati, ℥j.
M. ft. ungt.

Vitiligo.

Our next patient is a young man, 22 years of age, who presents a white patch upon the left side of the neck. It extends from the angle of the jaw to the middle of the neck. The loss of color began six years ago at the middle of the neck and passed upward to the jaw. The patient knows of no cause for the trouble. The affected surface is of dead white color. The pigment normally present in the mucous layer of the epiderm has been lost. This bare statement will convince you that you cannot understand the pathology of this affection without a knowledge of the anatomy of the skin. You will remember that what is popularly termed the skin is composed of two portions: the true skin or derma and the epidermis or cuticle, which in the vernacular is called scarf-skin. The true skin or

Digitized by Google

corium is of firm structure, containing white fibrous and yellow elastic tissue, with involuntary muscular fibres and penetrated by sebaceous and sudoriparous glands. The upper surface of the corium displays a series of undulations indicative of the papillæ of the skin. The epidermis is arranged in four horizontal layers, one above another, the lowest of which is so soft as to be known as the mucous layer, and the uppermost so hard as to be called the horny layer. Between the two there are, from below upward, the granular layer and the stratum lucidum. The pigment of the skin is deposited in the mucous layer.

A decrease in the normal amount of pigmentation in the skin is termed vitiligo, or leucoderma. The disease may be either congenital or acquired. In the former case it is distinguished as albinism. Vitiligo occurs in well-marked patches of various sizes and shapes. The patches are generally surrounded by an abnormally dark border. The whitened areas often become very large, and when they are numerous they may coalesce to involve a large extent of the integument. The skin is unaltered except in regard to its color. It is neither anæsthetic nor hyperæsthetic. The glands are not affected. The hair of affected patches is often white. In the present case there is a patch of vitiligo upon the middle of the upper lip, and the moustache in that situation is white. Vitiligo is more common in negroes than in those of the Caucasian race. Among the latter it chiefly attacks brunettes. In negroes it produces a characteristic appearance, sometimes described as piebald skin.

Vitiligo often depends upon depression of nerve-force. It has been known to follow influenza, and it may occur in hysteria, neuralgia, melancholia, and, in consequence of severe shock to the nervous system. The young man before us professes complete ignorance of the cause of his own case, but upon inquiry I learn that, although only 22 years of age, he is already the victim of urethral stricture; that he has indulged freely in sexual intercourse, and from an early date. Excessive venery has depressed the tone of his nervous system and disturbed the normal pigmentation of the skin. Therefore, in treating the case we must aim to increase his nervous force. He must, as a preliminary, abandon his libidinous habits and lead a regulated life.

We will begin his medical treatment with 3 minims of the wine of antimony, thrice daily, gradually increasing the dose to 10 minims. This drug has an excellent effect upon capillary blood-vessels. After he has taken this preparation for a time he shall be placed upon a tonic combination. The most promising treatment in this disease—if any can be named as of promise—is by means of galvanic electricity. This exerts a beneficial general influence and may succeed in producing a fresh deposit of pigment in the affected surface.

Hyperidrosis.

A young man, aged 23 years, is troubled with cold and clammy hands. The palmar surfaces are red and engorged. The same condition exists between the fingers. The patient is a dyer by trade and his work has caused overstimulation of the sweat-glands. An excessive quantity of perspiration is constantly poured out upon the surface. This disorder of secretion is known as hyperidrosis. As a rule, it affects only certain parts, but may involve the entire body. In some cases it is confined to one side of the face or body. Hyperidrosis may be constant or intermittent. It is most apt to occur upon the scalp and face, hands and feet, and in the axilla. It varies greatly as regards degree. In some instances large quantities of secretion exude. In such cases the skin becomes sodden. When the feet are involved the fluid decomposes, causes a very disagreeable odor, and increases the irritation of the parts. A similar affection, called bromidrosis, causes an unbearable stench.

In hyperidrosis of the feet the skin between the toes may become fissured and

Digitized by Google

painful. This localization of the disease is a frequent source of distress among soldiers on long marches. Hyperidrosis is not usually accompanied by vesicles or other signs of local inflammation.

In the case before us the disorder is due to direct local irritation. It often depends upon disease of the nervous system. The treatment is governed by the cause, if the cause can be discovered. The hypodermic injection of atropine in doses of $^1/_{160}$ to $^1/_{80}$ grain, and the use of fluid extract of ergot and faradization are useful in restraining excessive secretion. Valerian, bromides, tannic acid, quinine, strychnine, or hoang-nan are remedies which may exert a favorable influence. Mild dusting powders, such as oleate of zinc, aristol, naphthol, boric and salicylic acids, weakened, it may be, with starch, are serviceable local applications. When the powders become moist from absorption of fluid they are wiped off with sweet oil and the surface freshly dusted. The same substances, as well as camphor, acetic and sulphuric acids, and corrosive sublimate are likewise of service in the form of lotions. In the present case it is essential that the man shall stop dipping his hands in chemicals. As a dusting powder he shall use:—

℞ Acidi salicylici,
Acidi borici, of each, ʒij.
Betanaphthol, ʒss.
Bismuthi subnitratis, ℥ss.
M. ft. ungt.

Polytrichia.

Here is a young woman, 24 years of age, who is annoyed by a thick and dark growth of hair upon the upper lip. This is a disfiguring condition, and, naturally, very mortifying to a young woman. Like many other affections of the skin, it is known by a number of synonyms. As hypertrophy of the hair it comes under the class of hypertrophic disorders. It is also called hypertrichiasis, hirsuties, and by still other names.

Polytrichia may occur as an unusual thickness or length of hair upon those parts naturally provided with that covering, or, as in this case, as a growth upon parts which should be smooth. It may be congenital or acquired. In some instances it amounts to an actual monstrosity. Dog-faced men, bearded women, etc., shown in dime-museums, are extreme examples of polytrichia.

Readers of Thackeray will remember his allusion to the Bearded Lady of Kentucky and her son, the Bearded Boy of three years old: "The lady's prodigious beard received no more than justice at the hands of the painter, that portion of it which I saw being really most black, rich, and curly."

Polytrichia is more common in dark than in light-complexioned people. It may come on after fever or other serious illness. It may develop in women at the climacteric period. Abnormal hairiness is said to prevail more commonly among the insane than the sane.

In most women the unnatural growth is enough to disfigure but not sufficiently excessive to render them interesting to museum managers. Many people, also, would object to exhibiting themselves as freaks. Those unfortunately afflicted in this particular are usually clamorous for permanent removal of the disfiguring growth. They often of themselves have recourse to epilation, and sometimes to shaving, but these practices are of no real efficacy.

The most efficient treatment consists in the total destruction of the hair-follicles of the affected part by means of the galvanic current. The needle connected with the negative pole is inserted into the hair-follicle as far as its base. The circuit is completed by applying the positive pole near the seat of operation. When the tissue is destroyed tiny bubbles make their appearance at the point of entrance to the follicle.

Appointed Professor.—Dr. Charles H. Judd has been appointed Professor of Psychology in the New York University.

Digitized by Google

Original Communication.

FEVER AMONG THE SOLDIERS.

By John V. Shoemaker, M.D., LL.D.,

Professor of Applied Therapeutics in the Medico-Chirurgical College and Hospital.

Among the soldiers now under treatment at the Medico-Chirurgical Hospital a large majority are suffering from fever. There is a class of fevers in which the elevation of temperature is the predominant symptom. These diseases are termed essential fevers and they fall into two varieties: the continuous and periodical fevers. Of the former variety, typhoid fever is the great example, and of the latter, malaria is the type. These are the diseases which have stricken down so many of our soldiers. Typhoid and malarial fevers are distinguished by their course, symptoms, and temperature record. In typhoid the beginning is insidious.

The early symptoms are not alarming. The temperature, however, ascends gradually for the first week. Every evening, as recorded by the thermometer, it is 1° F. higher than upon the day before at the same hour. The morning temperature is rather less than that of the evening, but also mounts in the same steady manner. During the second week the temperature remains at a uniform height, which may not be above 103°, but may reach or even exceed 105°.

In the third and fourth weeks the temperature declines in the same gradual way in which it first reached the maximum. During the second and third weeks the nervous depression is extreme. The heart is weak, the patient apathetic, or delirious and restless. The tongue is dry, there are intestinal ulceration and other symptoms referable to the bowels, with danger of hæmorrhage or perforation. At the end of the first week a valuable sign of typhoid fever is the occurrence of rose-colored spots upon the abdomen.

Malarial Cases.

In malarial fever the rise of temperature is sudden. The attack begins with a decided chill. In the simplest variety of malaria the chill is followed by fever and perspiration, after which the temperature falls to normal. There is then a complete intermission for twenty-four or forty-eight hours, when the same cycle recurs. This is known as the intermittent form. In a second, or remittent, variety the temperature remits; that is, it declines toward but does not reach the normal. At certain intervals the symptoms are aggravated. This form is accompanied by considerable disturbance of stomach and bowels, and is, therefore, also called bilious remittent fever. The malarial fevers of tropical and semitropical countries are still more severe and run a rapid and violent course.

An examination of a number of temperature sheets of patients under treatment in the Medico-Chirurgical Hospital will demonstrate how the curve corresponds to the foregoing description, mounting gradually to a certain point in typhoid fever and rising suddenly to a high figure in malaria. In fact, if the temperature in a continued fever remained as high as the point which it often attains in malaria, we should feel serious apprehension for the life of the patient. But in all except the most pernicious forms of malaria we know that the temperature will either intermit or remit.

We have likewise in malarial fever a valuable objective sign which points to the nature of the disease just as the rose-colored spots indicate the presence of typhoid fever. Enlargement of the spleen is a very significant sign of malaria. This sign is always readily obtained by making palpation upon the left side at the lower level of the ribs. The healthy spleen can be outlined by its dullness, but in malaria it descends far below the ribs and may extend as far as the brim of the pelvis.

We have in recent years gained in our exact knowledge of the causes of these

Digitized by Google

diseases. Both are due to the development within the blood of a certain germ. Whereas, however, the bacillus which produces typhoid fever, like those of most infectious disorders, belongs to the vegetable kingdom, that of malaria, as if to emphasize in every possible way the distinction between the two classes of fevers, is at the lowest stage of animal life, and classed by biologists among the protozoa.

The malarial parasite, as it is also termed, may, by a suitable process of staining, often be demonstrated in a drop of blood taken from the finger of a malarial patient. The bacterium which gives rise to typhoid fever can also be recognized in the blood by following well-known methods. We have, furthermore, gained lately an important aid to our diagnosis of typhoid fever. This is called Widal's serum diagnosis, and depends upon the fact that the blood of an infectious disease, even when largely diluted with water, causes the bacteria which produce the disease to lose their power of motion and become agglutinated together. This is a sign which seldom fails. These microscopical signs are doubtless of much value.

We have not been able, in spite of earnest search, to find the malarial parasite present in the blood of soldiers that we know, by the evidence of symptoms, have malarial fever. I am unable to determine the cause of this failure, but simply state the fact.

A Matter of Treatment.

To a certain extent the treatment has been the same for our soldier patients. Until the exact diagnosis has been made between typhoid and malarial fever, they have received treatment adapted to reduce the temperature and relieve distressing or dangerous symptoms. Fever is allayed and the patient rendered more comfortable by the use of cold affusions.

In the Medico-Chirurgical Hospital we have generally employed the ice-pack in temperatures exceeding 102°, or water sponged upon the surface, the temperature being that of water drawn from the faucet at about 68° F. This cold sponge-bath was alternated with the alcohol sponge-bath, used in the same manner and allowed to evaporate. The evaporation engenders a grateful coolness which was much appreciated by our patients and which had a very beneficial effect. These baths in ordinary cases will answer the same purpose as the general bath and obviate recourse to the latter unless the fever is very high and the nervous prostration very extreme.

Another reason for exercising great care in diagnosis relates to the diet of our patients. While typhoid fever runs we must be on our guard against allowing the patient any solid food. This is on account of the weakened condition of the bowels, which might easily be ruptured. Consequently while any doubt exists the patient is restricted to milk, broth, or some form of liquid food. In typhoid this diet is continued until convalescence. In malaria the demand for liquid food is less peremptory, and the patient may be allowed soft and nutritious substances.

As regards medicine in malaria, we have one which possesses almost specific power. I refer, of course, to quinine. In typhoid fever we are not so fortunate. In typhoid we depend principally on sponging, bathing, and diet. There is no specific remedy capable of destroying the bacillus and cutting short the attack. Drugs are given according to the urgency of certain symptoms or complications. Quinine must be our sheet-anchor in malaria.

Abstracts.

Aberrant Vesicles of Herpes Zoster.

At a meeting of the Medical Society of the Hospitals, MM. Jeanselme and Leredde stated that most authors give as an essential characteristic of herpes zoster the strict limitation of the eruption to a determinate nervous tract. This description, however,

Digitized by Google

is not strictly exact, as has been shown by M. Tenneson. We may, in fact, often perceive at the same time as the principal eruption vesicles scattered upon other parts of the body. The speakers exhibited a patient in proof of their assertion. They had also recently seen three similar cases. Such cases lend support to the theory, brilliantly advocated by M. Landouzy, of the occurrence of herpetic fever. In two of their patients the speakers had witnessed enlarged glands and albuminuria.

At the same meeting M. le Gendre said that he had just met with a case of intercostal zoster with aberrant vesicles upon the buttocks.—La Médecine Moderne.

Epidemic of Infectious Myelitis.

Under the above title, Dr. Petrucci describes a strange disease which developed about the 15th of August, 1897, in the Asylum of Sainte-Gemmes-sur-Loire. At that time the admissions to the infirmary suddenly became more numerous. The patients were afflicted with œdema of the lower limbs. Sudden deaths occurred in the night among epileptics, especially the men. At first it was thought that these had fallen victims to multiple seizures or to syncope. The evolution of the disease, however, led to a different opinion.

This evolution could be divided into four periods:—

1. Digestive and circulatory troubles (vomiting and œdema).

2. Resolution of the œdema and return to health or advance to the third stage of the disease.

3. Nervous disturbances, paralytic and sensory.

4. Cachexia and trophic disorders.

The epidemic attacked 155 subjects, 87 of whom were men and 68 women. Thirty perished (20 men and 10 women). The remainder were cured or were convalescent.

The attempt was made at first to connect this epidemic with an old epidemic of pellagra, which raged in the same asylum from 1858 to 1865, and which was closely studied by Dr. Billod.

The pathological and bacteriological examinations, and those of M. Chantemesse, showed the action of a progressive, ascending disease which at first attacked the peripheral nerves and extended progressively to the spinal cord, and the origin of which was probably in the water used.—La Tribune Médicale.

Carcinoma of the Stomach.

Dr. Rumpel has reported a case of cancer of the stomach remarkable for certain clinical peculiarities. The patient was a man, 48 years of age, who had ailed for nine months, although the only symptom to which his cachectic condition could be attributed was an extremely abundant expectoration of muco-purulent masses which were ejected principally in the morning after an effort of coughing. The manner in which this expectoration was produced led to the suspicion of a pulmonary lesion. Microscopical examination showed the presence of pavement-epithelium and pus-corpuscles in the expectorated matter. As, however, every symptom of catarrh of the larynx was lacking and nothing abnormal was found in the lungs, the case was thought to be one of severe catarrh of the œsophagus, as is sometimes observed in malignant disease of the œsophagus or cardiac orifice.

The patient succumbed to the progressive cachexia, and at the autopsy there was found a cancer of the upper curvature and posterior wall of the stomach. The disease extended thence to the œsophagus. The latter tube was not constricted, and this fact explains the ease with which, during life, sounds could be passed into the œsophagus.—La Tribune Médicale.

The Role of Arteritis in the Pathology of the Nervous System.

The following is an abstract of the report made by M. Coulon on the above sub-

Digitized by Google

ject to the Ninth Congress of Alienists and Neurologists:—

Among infectious diseases which cause arterial lesions some, as syphilis, tuberculosis, etc., confine their influence, in the first place, to the external tunic. This localization is due to the simple fact that this coat contains connective or lymphatic tissue, for which they have a particular predilection, and gummata and tubercles situated in the external tunic of arteries differ in no respect from those which develop in the substance of the conective tissue. In the nervous system the presence of connective tissue only around the vessels compels a restriction of gummata and tubercles to the adventitia. Extended diffusely and not localized, these lesions constitute the periarteritis, which always begins in connective tissue. In such cases the adventitia is only attacked secondarily. It is not a genuine arteritis in the histological sense of the word, for the real arterial tissue is represented only by the endothelium and the delicate subepithelial layer. Moreover, these infectious disorders are also capable of localizing themselves primarily upon the endothelium in such a manner that we may describe true arteritis as a process always limited to the inner coat and periarteritis as merely a secondary involvement.

The toxic materials exert their influence upon the entire arterial system. The instances in which they may be solely responsible for genuine arterial lesions are not demonstrable. They generally act only by diminishing the resistance of the arteries to the ultimate causes of the lesion. Nevertheless, it may be admitted that the toxic substances do not generally produce a decided inflammatory reaction, but it is at least possible that they may give rise to cellular degenerations in the arterial tunics. The same may be said as regards those infections which act upon the nervous system by means of their toxins.

In diseases proper to the nervous system, where the lesions are more or less localized, they nearly always develop with purely inflammatory characters. In acute inflammatory diseases, as encephalomyelitis, polioencephalitis, etc., they have usually no precise localization. At the infected spot the toxin acts spontaneously upon the various cells, each of which reacts by the process which has been indicated. At the inflammatory focus all elements participate in the inflammation. For instance, in a spot of infectious myelitis the leucocytes, the vascular and periendothelium, the cells of the connective tissue and of the tunics of the small vessels, the nerve-cells and their prolongations, are all involved. The alterations may also occur primarily in the capillaries as well as in the nervous tissue, but the arterioles of a certain calibre often remain free from attack for a long time. When these affections present a subacute character, that is, one in which the action is for the most part more durable while the reaction is less energetic, the elements may long remain in the first stage of the process without terminating in necrosis. The consequence of this condition is the formation of a greater quantity of sclerotic tissue. These lesions of capillaries and arterioles are not found in arteries of a certain considerable size in chronic inflammatory diseases.

The complexity of manifestations becomes greater from the fact of the irregularity of distribution of the lesions and the different reactions which may occur in different systems of cells, on account of the action of the cause of the disease. The duration of the malady accentuates these differences so much that the degenerative process may be very marked in one system, while in another it amounts to little or nothing. It is this different aspect of the lesions which has given rise to the altogether arbitrary division of inflammatory affections into interstitial and parenchymatous, while most cases are mixed from the beginning. The greater or less susceptibility, however, of one or another system in different subjects, due to the elective properties of the morbific cause and also to

Digitized by Google

the hereditary individual value of different systems of cells, leads to the predominance of lesions of the connective tissue or parenchyma, respectively.

In tuberculosis of the nervous centres the tubercle, wherever it may be localized, does not long remain confined to that spot. As it develops, the neighboring nerve-cells soon yield to the influence of the toxin. The same may be said regarding circumscribed syphilitic lesions.—Le Progrès Médical.

Progressive Hemiplegia.

At the Ninth Congress of Alienists and Neurologists MM. Brissaud and Massary, of Paris, stated that the picture of progressive hemiplegia seems indissolubly linked to cerebral softening of slow beginning and of successive stages, observed in aged people. This, however, is not the absolute rule. On the contrary, by the side of progressive hemiplegia of successive attacks and due to multiple foci of softening on account of arteritis of the small vessels, the authors distinguished a hemiplegia dependent, not upon multiple foci, but upon a single lesion. They had lately observed a typical case of the latter variety. A man, 47 years of age, became hemiplegic without any abrupt attack or stroke, but slowly and gradually. The palsy was complete in a month. The symptoms then became worse and the patient died in coma. At the autopsy there was found an enormous patch of white softening occupying the lower two-thirds of the Rolandic convolutions of the left hemisphere. The particular character of this softening was its peculiar consistence identical with that of œdema. The cause of the softening was naturally sought for in the condition of the arterial system. The middle cerebral artery, however, and its branches were healthy. The upper extremity of the carotid, on the contrary, was the seat of a spot of annular arteritis which had considerably diminished the calibre of the vessel. There were, therefore, two dissimilar lesions: œdema of the parts surrounding the fissure of Rolando and arteritis of the carotid. At first view the idea of an arteritis producing an œdema seemed paradoxical. The fact, however, frequently occurs, and, so to speak, under our eyes, in arteritis of the great vessels, and especially in femoral arteritis. One of the symptoms of the subacute form of this arteritis consists exactly in a particular form of œdema which has for its cause the suppression of the arterial tension and the *vis à tergo*. Now, this œdema is of precisely the same kind which, in the case described, had separated and then wounded an increasing number of nervous elements, and, consequently, produced the progressive hemiplegia.

The patient under observation presented a typical case of that form of progressive hemiplegia which the authors sought to differentiate. It is well known that a patient having multiple lacunar softening may have a spot of arteritis upon one of the large arteries at the base of the brain, and may thus present, at a given time, a progressive hemiplegia similar to that which the reporters had described, but the clinical distinctness of which are obscured by the preceding morbid manifestations.

In many subjects of chronic softening and senile debility there is often manifested, at a certain period, a typical hemiplegia, of which the autopsy furnishes no explanation. In such cases there are often found multiple foci in the hemispheres, but none of these explains the hemiplegia, and it is notorious that frequently the maximum of the lesions is not upon the side opposite to the paralysis. We must, therefore, recognize a particular effect of permanent functional insufficiency resulting from an œdema produced by a partial obliteration of a distant artery. If, in cases of the same kind, there is no such marked hypertrophic œdema, it is because, in the case reported by MM. Brissaud and Massary, the lesions were of recent date.—Le Médecine Moderne.

Digitized by Google

The Physiological Action of Arecoline upon the Eye, and its Application in the Treatment of Glaucoma.

Bietti has continued the physiological experiments which Marme and Fröhner, at first, and afterward Battistini, Scofone, and Lavagna had already undertaken in recent years, concerning the action of arecoline upon the heart, nervous system, and secretions, upon the iris and the ciliary muscle. The last cited action was studied by Lavagna particularly, and he determined that arecoline, instilled into the conjunctival sac in a 1-per-cent. solution, produces a myosis which attains its maximum in ten minutes, and has completely disappeared in about seventy minutes. The power of accommodation diminishes until the seventh minute, when it is reduced by one-half, after which it returns to normal.

The experiments of Dr. Bietti have given a result a little different and much more important than those of Lavagna. Bietti has seen, in using the 1-per-cent. solution, the myosis continue for more than an hour, while with a 2-per-cent. solution the effect was prolonged for two hours and a half. The contraction of the pupil commenced at the fifth minute, while the succeeding dilatation began only about the fiftieth minute.

Bietti also found that the punctum proximum approaches the eye beginning with the third minute after instillation. It attains it greatest nearness between the tenth and twelfth minutes, and regains its normal position after forty to fifty minutes.

The experiments were made upon emmetropic, myopic, and hypermetropic eyes. It follows that in all these forms arecoline increases refraction and notably reduces the amplitude of accommodation which may be sometimes completely abolished by reason of intense spasm of the ciliary muscle.

The contraction of the ciliary muscle under the influence of arecoline is manifested before its action upon the iris, so that, from this point of view also, the physiological action of arecoline is analogous to that of eserine, but with this difference: that the action of arecoline is more prompt though less durable than that of eserine. In neither emmetropic nor ametropic organs did Bietti perceive, in the course of his experiments, any diminution in the acuity of vision.

As regards the indications of arecoline in glaucoma, Bietti can as yet say little, on account of the small number of patients upon whom he has experimented. In cases where eserine failed to produce myosis, arecoline was also powerless, while in other cases, where the pupil resisted eserine, arecoline was efficacious.

It appears to be evident, therefore, that in healthy and in glaucomatous eyes arecoline acts more promptly and more energetically than eserine. In glaucoma the former agent may produce myosis when the pupils no longer react to eserine. It may thus prepare the way for successive instillations of eserine.—Archives d'Ophtalmologie.

Therapeutic Notes.

Collodium in the Treatment of Pruritus Analis and Hæmorrhoids.

According to Samways, painting the anus with collodium will cure the pruritus completely in twelve to fourteen hours, and also tend to reduce the size of external hæmorrhoids if applied on a tampon. The one disadvantage is a sharp burning sensation for a moment, which can be obviated by painting with cocaine beforehand.—Journal American Medical Association.

Rhus Aromatica in Incontinence of Urine of Children.

Dr. Ludwig Freyberger, clinical assistant to the Hospital for Sick Children, Great Ormond Street, London, recommends the

Digitized by Google

liquid extract of rhus aromatica in this complaint. He records thirty cases treated with gratifying results, and says that the astringent taste and disagreeable odor of the liquid extract of rhus aromatica are sufficiently disguised by syrupus aromaticus.

The dose employed was 5 to 10 minims for children two to five years old, 10 to 15 minims for children five to ten years old, and 15 to 20 minims for older children.

A very convenient formula is the following:—

℞ Ext. rhois aromaticæ liq., min. x.
Syrup. aromatici, min. xx.
Aq. destillatæ, ad 3j.

Sig.: Three times a day.—New York Medical Journal.

A Prescription for Children with Tape-worm.

Guida recommends the following:—

℞ Tamarind pulp, 450 grains.
Powdered kamala, 90 grains.
Lemon-juice, a sufficiency.

M. The whole to be taken at one dose. —New York Medical Journal.

Diarrhœa.

A writer in the New York Medical Journal says: The objection to tannic acid has been that it had to be given in large amounts, which frequently irritated the stomach, and the greater part of it was absorbed in the upper part of the gastro-intestinal tract, so that very little of it passed into the lower intestine as such. This disadvantage has been overcome by the introduction to the profession of tannic-acid combinations which have been experimentally shown to pass through the stomach unchanged, and to liberate their tannin only when coming in contact with the alkaline fluids of the intestine. The latest and most valuable of these is undoubtedly tannopine, a condensation product of tannic acid and hexamethylenetetramine. As regards its physical properties, it is a brown, odorless and tasteless, fine, non-hygroscopic powder, insoluble in water, weak acid, alcohol, ether, etc., but slowly soluble in alkaline fluids. It contains about eighty-seven per cent. of tannin and thirteen per cent. of hexamethylenetetramine. The dose of tannopine is fifteen grains for adults, three or four times daily, and from three to eight grains for children. These doses may, however, be exceeded with impunity, as it has no poisonous property so far as is known.

In the serous form of diarrhœa, where there is only an increase in the number and consistence of the passages, tending to diarrhœal discharges, without much constitutional disturbance, such as fever and pain, I formerly used with great satisfaction the salicylate of calcium, according to the following formula:—

℞ Salicylic acid, 2 grains.
Prepared chalk, 4 grains.
Syrup of ginger, 20 minims.
Peppermint water, enough to make 1 drachm.

M. Sig.: Such a draught to be taken after each movement.

In cases of dysenteric diarrhœa, where there is much tenesmus, the stools being frequent but small, consisting in greater part of mucus, with perhaps some streaks of blood, the old-fashioned castor-oil emulsion with an astringent, like bismuth or tannopine, and a small dose of opium cannot be excelled. The usual formula for a child is:—

℞ Castor oil, 8 to 10 minims.
Powdered gum arabic, enough to make an emulsion.
Tannopine, 4 grains.
Camphorated tincture of opium, 10 minims.
Peppermint water, enough to make 1 drachm.

M. Sig.: This amount to be taken every two hours.

Digitized by Google

To Remove a Foreign Body from Under the Nail.

Alternately soften the nail with the end of a match dipped in caustic potash and scrape with a piece of glass until the object is reached.—Journal American Medical Association.

Non-irritating Lubricant for Catheters.

Howland's formula is:—

℞ Saponis pulv., ℥j.
Aquæ dest.,
Mucil. chrondri crispi, of each, ℥iij.
Formalin (40 per cent.), min. x.
Thymol, gr. v.
Ol. thymi, min. v.
Alcohol., min xv.
—Columbus Medical Journal.

Catarrhal Laryngitis.

Dr. Rice, in the Post-Graduate, gives the following formulæ, the mixtures to be used in the form of a medicated steam:—

℞ Pix liquida, ℥j.
Alcohol, 3iv.

M. Sig.: 3j on sponge for inhalation.

Or

℞ Morphiæ sulph., gr. j.
Ext. hyoscyami, gr. v.
Glycerinæ,
Alcohol, of each, 3iv.

M. Sig.: 3ss on sponge. (Inhale.)

℞ Pulv. camphoris, 3iij.
Menthol, 3iv.
Ol. pini sylvestri, 3iv.
Oil of tar, ℥ij.

M. Sig.: Gtt. ii to x. For inhalation.

Also

℞ Thymol, gr. xv.
Eucalyptol, gr. xx.
Creasoti, 3ij.
Ql. pini sylvestri, 3iv.
Ol. gaultheriæ, 3j.

M. Sig.: Gtt. ii to v. For inhalation.

Jequirity in Ozena.

Jequirity proved effective in a number of cases, observed by Dr. C. Uriarte, that had resisted all other treatment. The after-effects vary with the individual and are transient, never serious. He uses it in a powder or salve, or in a 10-per-cent. solution.—Journal American Medical Association.

Effervescing Quinine Mixture.

It is stated in the Journal de Médecine de Paris that the following mixture is of advantage in irritable stomach when quinine is to be given:—

℞ Sulphate of quinine, 2 grains.
Citric acid, 6 grains.
Simple syrup,
Syrup of orange flower, of each, ½ drachm.

This is to be placed in a wineglass containing bicarbonate of sodium (from three to five grains) in saturated solution, and drank during effervescence. — Atlantic Medical Weekly.

London Cough Mixture.

℞ Acid benzoic, gr. xij.
Ol. anisi, min. ij.
Spt. ammon. arom., 3iss.
Spt. æther nitrosi, 3iij.

M. and add:—

Vin. ipecacuanhæ, 3iij.
Tr. capsici, min. xx.
Glycerini, 3iv.
Inf. senegæ conc., ad ℥iij.

M. Sig.: Allow to stand until clear, and decant.—Pacific Medical Journal.

Thread-worms.

Dr. A. Monti recommends the following:—

℞ Senna,
Tansy, of each, 3iij.
Water, to make f℥ii³/₄.

Digitized by Google

Boil for fifteen minutes, then add:—

Magnesium sul., gr. xxx to xlv.
Syrup manna, f3iv.

Half to be taken in the evening, the other half the following morning.—Gaillard's Medical Journal.

Phthisical Cough.

Murrell recommends the following in the hacking, irritable cough of phthisis, unattended with much expectoration:—

℞ Codeine, gr. iv.
Diluted hydrochloric acid, 3ss.
Spirit of chloroform, 3iss.
Syrup of lemon, ℥j.
Water, ad ℥iv.

Make an emulsion. A teaspoonful frequently, when cough is troublesome.—Gaillard's Medical Journal.

Neuralgia of Phthisical Patients.

Capitan prescribes the following ointment:—

℞ Guaiacol,
Methyl salicylatis, of each, gr. lxxx.
Ext. belladonnæ, gr. iiiss.
Ext. opii, gr. iv.
Vaselin,
Lanolin, of each, ℥ss.

In very acute cases, menthol (15 grains), antipyrin (30 to 45 grains), or bromide of potassium (80 grains) may be added.—Gaillard's Medical Journal.

Lactophenin.

Lactophenin, says Dr. Karl Sternberg (St. Louis Medical and Surgical Journal), produces a calmative effect in a very high degree. The antipyretic effect is unusually prompt. Besides the antipyretic effect, lactophenin possesses an antineuralgic and hypnotic action, which is especially valuable in treating feverish and delirious diseases.

Christiani again calls attention to the excellent hypnotic effect of lactophenin, which he has demonstrated in a long series of cases of insanity of various forms. It exerts no disturbing influence on the heart's action, and is therefore specially suited for the insane who are subject to cardiac or vascular affections, and lung and kidney diseases.

Typhoid Fever.

R. H. Quill gives these formulæ in the British Medical Journal:—

℞ Acidi carbolici purissimi (Calvert's No. 1), min. xxxvj.
Tr. chlorof. co., 3ij.
Tr. cardamomi co., 3ij.
Syr. aurant., ℥j.
Aq. chlorof., ad ℥xij.

M. ft. mist.

Sig.: One ounce with an equal quantity of iced water to be taken every second or third hour immediately after food.

℞ Ol. eucalypti, 3j.
Mucilag. acaciæ, ℥j.
Sp. ammon. arom., ℥ss.
Glycerini, 3ij.
Sp. chlorof., 3ij.
Aq. chlorof., ad ℥xij.

M. ft. mist.

Sig.: One ounce every third or fourth hour.

Lysol.

Lysol is extensively used by many of our well-known surgeons. The saponaceous character of its solution is very advantageous in many cases, rendering a special surgical soap unnecessary in preparation for operations. It is a non-toxic antiseptic, soluble in water, and is especially used in gynæcology for intrauterine irrigation after curettage and for cleaning lacerated wounds and contusions. It is used in $^1/_2$-per-cent. to 1-per-cent. solutions in water.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Oct., 1898.

A MODEL MILITARY CAMP.

CAMP MEADE is admirably located on high and beautiful ground, being 350 feet above the valley of the Susquehanna. It covers a large territory, being 8 miles long and 3 wide. No more suitable military spot could have been chosen for a large military encampment. The drainage would seem to be perfect.

The water supply has been most carefully looked into, and the danger of subsequent infection reduced to a minimum.

There is a filter provided for each company, which is far better and safer than depending upon one large central plant from which water is distributed.

Rules are stringent as regards the disposition of all excreta. Soldiers must go at least 150 feet from camp, and there cover fecal matter with dirt.

Col. A. C. Girard, the chief surgeon, is most assiduous in seeing that all rules are rigidly carried out, and hopes to maintain, until its abandonment, the present healthful condition of the camp.

The milk supply is carefully looked after, and the writer heard Col. Girard refuse a permit to a dairyman because he acknowledged that he bought milk from others and sold it along with that from his own cows. He believes in no "middle men," so that responsibility can be easily placed in case of unsatisfactory milk supply.

The division hospitals are well managed, cheerful, and everything they should be. Col. Girard visited all of them with the writer, and it could at once be seen that a master hand was directing the movements of the medical corps. If an orderly was inattentive and neglectful of his duties, he was kindly but firmly rebuked, and made to realize the gravity of his position as nurse. The only criticism one feels inclined to make, is that female nurses should be provided for all of the field hospitals, and the old system of detailing unexperienced and awkward men for such delicate service be at once and forever abandoned. The world is moving. Col. Girard is the father of the "division hospital," and while a few minor objections can be made to the idea, the impartial medical man at once sees its advantages.

It should be clearly understood that there has been little sickness originating at Camp Meade, and the hundreds of men sent to the different hospitals from this camp have been largely cases of fever, malarial and typhoid, contracted at Camp Alger and other less favored sites.

SICK SOLDIERS IN PHILADELPHIA.

DURING the last weeks a very beneficent work has been carried on in Philadelphia. At the outbreak of the war with Spain the resources and assistance of the hospitals of this city were offered freely to the Government. The time came when this assistance was urgently needed by our troops. Those who by the fortune of war spent their periods of service in camp became the victims of camp epidemics. The city, the hospitals, and the populace of Philadelphia then came to the rescue. The succor of the afflicted is at all times and upon all occasions a work of love and duty to the inhabitants of this city. Their feelings of compassion were appealed to all the more powerfully when the sufferers were those who had offered themselves to the service of our country and many of whom were from our own midst. City and State effectively co-operated in measures taken to relieve the sufferings and save the lives of those who were stricken by worse than Span-

Digitized by Google

ish bullets. Money was raised, trains were fitted out, and with the permission of the General Government large numbers of sick soldiers were carefully transported on specially arranged trains to Philadelphia. In these days, though happily for a briefer period, the Quaker City has again shown itself the friend of the soldier. All our hospitals, according to their means and resources, have vied with each other in this work of love. They have rearranged their rooms and wards in order to accommodate as many as possible without injurious crowding. The hospital staffs have been constant in their ministrations. The nursing force of the institutions has been solicitously devoted. A large proportion of our soldier patients have been from our own Pennsylvania regiments, though many have been from distant States. Most were volunteers, but we have had a number of regulars.

It has been not only a duty but also a privilege to provide for the wants of these men. They have experienced the hardships of war without its action, excitement, and glory.

In the Medico-Chirurgical Hospital, of which we are able more particularly to speak, the great bulk of our cases were malarial and typhoid fevers. We had none of yellow fever. There were some cases of camp diarrhœa and dysentery, as well as a number of cases of pneumonia. Most of our patients responded readily to treatment. The typhoid cases were of a severe form and attended by grave complications. Nevertheless, most have recovered or are in a fair way to recover. We are able to surround them with every appliance and resource which could help us in nursing them back to health. Our citizens were generous and zealous in providing supplies.

The moral effect of the transfer of these men to neat and comfortable hospital wards was most excellent, and in many instances was sufficient to start a poor fellow on the road to recovery. The feeling that they were being taken care of brought a sense of relief. With their removal to Philadelphia there came the important change from discouragement to hope. It is the intention of the medical men of this city, of the community at large, and of the people of the State of Pennsylvania, that this work of relief should go on as long as the soldiers need our aid. The widespread ravages of disease among troops who have never been called upon to face an enemy is the most melancholy feature of this short war. The medical profession is but too well aware that the mortality of troops is due more to disease than to the fire of the enemy, but losses which are largely preventible are the saddest of losses.

An Opportunity.

No matter how great the ability of a physician, his success cannot exceed the possibilities of his environment. Many a young physician who would have been a brilliant success in the practice of medicine has, by the unwise selection of a location, dwarfed his prospects in life, and thus failed in the realization of that successful career for which his abilities fitted him. In our opinion, the wisest thing a young physician can do, when he learns that his location is an unwise one, is to *immediately* make a change, while yet his youth, strength, and ambition is unimpaired. Every year's *time* is a precious treasure, the loss of which can never be retrieved. Unfortunately there are often circumstances which make it almost impossible for such a change to be made; the cares of a family may have been hastily assumed, and the maintenance of wife and child may make him hesitate to take the risk involved in leaving even a meager practice, which, after all, affords a bare livelihood, for the *uncertainties* involved in a change of location. To find another location often involves travel, and *extensive* travel if the location be well and carefully selected; but travel is expensive, and the *means* may not be at hand with which to defray that ex-

Digitized by Google

pense; and, also, the family may have to be supported during the time that the selection of the new location is going on. The position of a physician thus circumstanced is, indeed, unfortunate and worthy of the sympathy of his professional brethren. Fortunately there are ways in which men who are able, well educated, and possessed of business qualifications, as every successful physician should be, can overcome this difficulty. Many of the best and most reputable drug houses are sending out professional travelers; also the medical-instrument and appliance houses, and the medical-publishing houses.

It is with pleasure that we are able to present one of these opportunities in the present issue; and we earnestly recommend that those of our readers who, either on their own account or that of professional brethren, are interested, shall read the advertisement contained on page 29. The opportunity is here given for a limited number of physicians to have their traveling expenses paid, and to realize, if fitted for the occupation, an income which very likely may be fully equal to or greater than that enjoyed at the present time. We can conceive of no possible way in which the physician looking for a choice location, and desiring to become acquainted with the opportunities which may exist over a large area of territory, can realize his desires so well, while, at the same time, pursuing an occupation both pleasant and instructive.

Medical News and Miscellany.

University of Nashville.—The Chair of Physiology in the Medical Department of the University of Nashville, long filled by the late Prof. Ambrose Morrison, M.D., has been filled by the election of Dr. John Dillard Jacobs, of Clinton, S. C.

Death of Dr. Voisin.—We regret to learn of the death of Dr. Auguste Voisin, Physician to the Salpetriere, of Paris.

Medals for Nurses of the Medico-Chirurgical Hospital.—Five nurses of the above institution lately received from Mrs. George W. Futcher, of Hilltop, N. J., bar and scroll-pendent medals as "A token of regard in remembrance of kind services rendered as nurses." The recipients are: Miss Katharine Darby, Miss Sarah McGlinn, Miss Lillian Gordon, Miss Laura Shellabarger, and Miss Mary Considine.

Publisher's Announcement.—Mr. W. B. Saunders, of this city, has issued a circular referring to works which he has recently published or which he is about to publish. Among the latter is Stengel's Text-book of Pathology, a Text-book of Obstetrics, by Professor Barton Cooke Hirst; an American Text-book of Diseases of the Eye, Ear, Nose, and Throat, edited by Drs. De Schweinitz and Randall; also Church and Peterson's Mental and Nervous Diseases.

A Patent on Antitoxin.—After five vain attempts, Professor Emil Behring has at length succeeded in obtaining from the United States Government a patent giving to the Hoechst Farbwerke the exclusive monopoly for the manufacture and sale of diphtheria antitoxin in this country. When a University Professor so far forgets the honored custom of the medical profession as to seek a patent upon a remedial preparation, he is doubtless far beyond the reach of argument or remonstrance. Professor Behring has been hitherto honored in this country as a laborious student of immunity and serum therapy. He is, however, by no means the only one to enter this important field of research, nor was he the first. He is not entitled to arrogate to himself the sole merit of the discovery of the antitoxin. It is monstrous that a German professor should enter into a monopolistic commercial alliance. This iniquitous attempt to foist a burden upon the people of the United States for the benefit of a few individuals is not to be suffered without determined resistance. The firms of Parke, Davis & Co., of Detroit, and Mul-

Digitized by Google

ford, of Philadelphia, have engaged the services of the most experienced patent lawyers in this country in order to test the validity of the patent, and will protect any who are involved in trouble through the use of the American product.

Obituary.—We regret to learn of the death of Dr. Foster Pratt, of Kalamazoo, Mich., from an attack of angina pectoris. Dr. Pratt had lived and practiced medicine in Kalamazoo for forty-two years, and had been usefully active in municipal affairs. He was also interested in various public enterprises throughout the State, was a member of the American Medical Association, and highly esteemed for his professional skill.

City Health Officer.—Dr. Larkin Smith, Professor of Pathology in the Medical Department of the University of Nashville, has been chosen City Health Officer of Nashville.

University of Nashville.—The Chair of Practice in the Medical Department has been divided. At his own request, Professor W. L. Nichol, who has been a teacher of medicine for forty-five years, will hereafter devote himself to Diseases of the Chest. Dr. E. G. Wood, of Ontario, Canada, has been selected to perform the remaining duties of the Chair.

Harvard Medical School.—The late Dr. Henry L. Williams has bequeathed the sum of $25,000 to the Harvard Medical School toward an endowment fund.

An Interesting Occasion. — Upon the completion of his twenty-fifth year of service, Dr. Oren D. Pomeroy was presented with a loving-cup by his colleague and assistants of the Manhattan Eye and Ear Hospital.

The Study of Cancer and Tuberculosis.—The late Mrs. Caroline Croft, of Boston, has left the sum of $100,000 to be expended under the direction of Drs. Henry Oliver and John Collins Warren in encouraging some method of studying cancer and other diseases supposed to be incurable. The income of the capital is to be paid to Dr. Oliver for expenses incurred in the researches.

Times and Register.—Dr. Louis Fischer now edits a department on diseases of children in the above-named journal.

United States Marine-Hospital Service.—A board of officers will be convened at Washington, Wednesday, November 9, 1898, for the purpose of examining candidates for admission to the grade of Assistant Surgeon in the United States Marine-Hospital Service.

A Case of Favus of the Nails.—Dr. F. J. Leviseur writes of a Russian girl, aged seventeen years, who came to this country twelve years ago, and at that time had favus on the scalp. When she was thirteen years old her scalp improved very much and was almost well for two years, but got worse again in the last two years. A year ago her nails became affected, starting with the index finger of the left hand. In a short time the fourth finger and thumb of the left hand were involved, and finally the fourth finger of the right hand. The appearance of the nails is as if a foreign substance had penetrated from the front backwards, lifting the nail in an irregular manner from its bed and turning its horny layer upward. The only macroscopical change was a slight change in color. The yellowish-brown accumulations were easily scraped away, exposing cavities which reached almost to the root of the nails on two fingers. Mycelia and spores of the achorion were found in the scrapings. The scalp shows unmistakable signs of an old favus.—Post-Graduate.

Hotel Clocks Always Truthful.—"When I am traveling I never put the slightest confidence in a household clock," writes Robert J. Burdette, of "Tongueless Liars," in the August Ladies' Home Journal. "A hotel clock I can depend upon. There are too

Digitized by Google

many watches in a hotel—good watches, watches whose absolute correctness means money to the commercial men who regulate the traveling life of this country. A lying clock would be spotted in a quarter of a second, and the unhappy clerk scourged with pitiless sarcasms therefor. In the course of my wanderings up and down this part of the globe I missed a few trains and lecture engagements by depending upon clocks in the homes of my friends. Having thus paid for my lesson—fifteen or twenty thousand dollars, I think—by my own computation of the value of my lectures (set ahead a little bit, you know; it may be a trifle fast; I haven't time to look up the exact figures), I withdrew all my trust from mantel clocks, especially the highly ornamented marble-and-gilt-variety with silver bells or cathedral chimes."

Dr. L. S. McMurtry.—Dr. L. S. McMurtry, of Louisville, Ky., has been elected president of the faculties of the Hospital Medical College and the Louisville College of Denistry, vice Dr. John A. Larrabee, deceased.

Acute Laryngitis Caused by Potassium Iodide.—A man of 50 was treated by Dr. Frankenberger for some ear-trouble, and was ordered to take 2 grammes (30 grains) of potassium iodide daily. A few days after commencing the treatment the patient began to complain of pain in the throat and presented symptoms of severe laryngeal stenosis. He had moderate fever. The laryngeal mirror showed severe hyperæmia and swelling of the aryepiglottal folds, as also of the posterior wall of the larynx. The vocal cords could not be seen on account of the irritability of the patient's throat. The potassium iodide was discontinued and the patient was ordered cold compresses about the neck; he also took small pieces of ice at frequent intervals and in three days all symptoms disappeared. A week later the patient recommenced the potassium iodide, and on the very next day the laryngeal symptoms reappeared. The peculiarity of the case consists in the fact that contrary to the other recorded cases of a similar character, it was not a simple œdema, but an intense hyperæmia and infiltration of the mucous membrane and of the submucous tissue.—American Medico-Surgical Bulletin.

Political Conditions in Italy.—An interior view of existing political conditions in Italy, and especially of the crushing financial burdens which are the cause of wide spread discontent, is given in an important article translated from the leading Italian review, the Nuova Antologia, in The Living Age for July 23d.

Protozoa in Blood and Organs in Leucæmia.—Lowit.—Protozoa in the blood and in the organs of leukæmic persons. Preliminary notice. In the blood from the fingers of four cases of mixed leukæmia Lowit found, especially in the mononuclear leucocytes, protozoa which probably belong to the acystosporidia. While it is a leucocyte parasite, yet extracellular forms occur, mainly as the amœbic form, yet some have the sickle-shape. Puncture of the spleen demonstrated the parasites in the splenic cells. In one case in which they were long searched for the heart-blood post-mortem showed a few encysted forms, while the spleen gave numerous extracellular ones. On the contrary, the blood and lymphatic glands of four cases of lymphatic leucæmia showed no parasites. Lowit leaves the question as to whether we can speak of an hæmanœbra leukæmia for his later work.—The Journal of Treatment.

Pacific Coast Association of Insurance Examiners.—The officers elected for the ensuing year are: Dr. W. C. Cox, of Everett, Wash., president; Dr. Henry Waldo Coe, of Portland, secretary; Dr. Bell, of Kelso, vice-president for Washington; Dr. Robertson, of Salem, vice-president for Oregon; Dr. Robertson, of Moscow, vice-president for Idaho; Dr. Swan, of San Francisco, vice-president for California;

Digitized by Google

Dr. McClanahan, of Red Lodge, vice-president for Montana; Dr. Baldwin, of Salt Lake, vice-president for Utah; Dr. McGuigan, of Westminster, vice-president for British Columbia.

American Climatological Association.—The fifteenth annual meeting was held at Maplewood, New Hampshire.

Mathews.—Dr. J. M. Mathews, President-elect of the American Medical Association, has resigned the position of Professor of Surgery and Lecturer on Diseases of the Rectum in the Kentucky School of Medicine, and has accepted the same chair in the Hospital College of Medicine, having been elected to the latter position very recently. He will divide the chair of surgery with Dr. H. H. Grant, holding the same title as before in the Kentucky school. His resignation also carries with it membership in the Board of Regents of the Kentucky School.

Germantown Hospital.—A new operating-room and children's ward have been formally opened in this institution.

The Living Age.—Dr. Moritz Busch, who has been sometimes described as Bismarck's Boswell, and who enjoyed terms of special intimacy with the great Chancellor, is the author of an important paper on Bismarck and William I, which was published entire in The Living Age of September 3d. It was written with a view to publication after Bismarck's death and it contains so much that was communicated to the author by Bismarck himself that it is almost autobiographic.

The relations of England and America continue to be much discussed in the English reviews. Two noticeable articles, looking at the question from slightly different points of views are reprinted in The Living Age from The Nineteenth Century. One is by Frederick Greenwood and the other by Sir George Sydenham Clarke.

Perhaps the last bit of magazine writing from the pen of Mrs. Oliphant is the article on Siena, contained in The Living Age for August 13. It is a charming piece of description.

German Pathological Society.—The first meeting of the German Pathological Society, the president of which is Professor Rudolf Virchow, took place in connection with the Congress of German Naturalists and Medical men.

German Association of Scientists and Medical Men.—Among the addresses delivered in the general sessions of the German Association of Scientists and Medical Men, which met at Düsseldorf from September 19th to 24th, were the following: A Century of Surgery, by Professor Tillmann, of Leipzig; Causes and Beginnings of Disease, by Professor Martin, of Rostock; the Importance of Nursing for Scientific Treatment, by Dr. Martin Mendelsohn, of Berlin.

Royal College of Physicians.—The Royal College of Physicians has on the occasion of the Dublin Health Congress, conferred its Fellowship upon Sir R. Thorne-Thorne, K.C.B.; Professor Matthew Hay, of Aberdeen University; Sir Charles Cameron, Chief of the Public Health Department in Dublin; and Dr. Crum Brown, Professor of Chemistry of Edinburgh University.

New State Health Office.—The Governor has named Walter Frazer Blunt, M.D., of Galveston, Tex., as State Health Officer, to succeed the late Dr. Swearingen.

Elected Professor.—Dr. Frank E. Waxham, formerly of Chicago, has been elected Professor of Medicine, Clinical Medicine, and Laryngology in the Medical Department of the Colorado State University.

Vienna Royal Academy of Sciences.—Dr. Max Gruber and Emil Zuckerkandl have been chosen corresponding members.

Kernig's Sign of Meningitis.—At a recent meeting of the Paris Hospital Medical Society, reported in Le Progrès Médical, M. Netter insisted upon the great value of a sign of meningitis described by Kernig in

Digitized by Google

1884. The sign is this: When a person in health sits up in bed with his leg flexed, he can straighten it without difficulty; a person affected with meningitis cannot do it unless he lies down. Netter regards this sign as almost pathognomonic.—New York Medical Journal.

Monument to Charcot.—The monument to Charcot will be formally unveiled in the Saltpêtrière in Paris on October 23d.

Pus Basins "to Burn."—Dr. Konrad Majewski, a military surgeon, describes and figures in the Aerztliche Polytechnik for August a kidney-shaped pus basin made of water-proofed pasteboard. The material is cut by a pattern, moistened, molded roughly into shape by creasing the border that is to be turned up, and dried in the sun or in an oven. After the basin has been once used it is to be burned.—New York Medical Journal.

Tri-State Medical Society.—The tenth annual meeting of the Tri-State Medical Society, of Alabama, Georgia, and Tennessee will be held at Birmingham, Ala., Tuesday, Wednesday, and Thursday, October 25th, 26th, and 27th, 1898.

Conference of State and Provincial Boards of Health.—At the meeting at Detroit, Mich., the following officers were elected: President, Dr. Felix Formento, of New Orleans; vice-president, Dr. P. H. Brice, of Toronto; secretary, Dr. J. N. Hurty, of Indiana; treasurer, Dr. Eleazar Pelletier, of Quebec.

The Official Organ.—The Texas Medical News has been appointed the official organ of the Arkansas, Louisiana, and Texas Medical Association.

The German Ophthalmological Congress honors the late Professor Becker.—The opening session of the German Ophthalmological Congress at Heidelberg was an honorary sitting, at which a bust of the late Prof. Otto Becker, the distinguished occupant for many years of the chair of ophthalmology at the University of Heidelberg, was unveiled. Professor Becker, whose work as a practitioner and investigator had made him well known to ophthalmologists all over the world, died in 1890. Most of the professors of ophthalmology in the various German universities were present on the occasion. Dr. Bernheimer, of Vienna, a former assistant of Prof. Becker, delivered the panegyric on the occasion.—Philadelphia Medical Journal.

Pseudo-appendicitis. — Nervous pseudo-appendicitis proceeds from the ovary or neuralgia of the twelfth intercostal nerve, in hysterics with exaggerated reactions. The anterior perforating point of this nerve simulates McBurney's point, but the two other points, vertebral and lateral, confirm the hysteric stigmata. It is curable by therapeutic suggestion. A case is described in the Presse Médicale, that of a young man who was laparotomized twice and a macroscopically sound appendix removed, returned with the same syndrome of appendicitis for the third time.—Medical Review.

Glycosuria in Primary Cancer of the Pancreas.—Dr. Francois (Gazette Medicale de Nantes) says: 1. Glycosuria is a symptom of cancer of the pancreas. 2. It only shows itself in the early period and disappears toward the end. 3. The glycosuria ceases with the development of the cancer. 4. More difficult of explanation is its disappearance in the later stage. No theory is satisfactory.—New York Medical Journal.

Death of Dr. Cleon M. Hibbard.—Dr. Cleon M. Hibbard, of St. Louis, house physician at the Planter's Hotel, fell through the passenger elevator shaft from the seventh floor of that hotel and was almost instantly killed.

Marriage of Miss Daniel.—Miss Marie Daniel, daughter of Dr. F. E. Daniel, of Austin, editor of the Texas Medical Journal, was recently married to Dr. P. M.

Digitized by Google

Paine, late of New Orleans. Dr. and Mrs. Paine will make their future home in the City of Mexico, where the doctor will practice his specialty, the eye, ear, nose, and throat.

Appointments.—Fraulein Dr. Katharina van Tusshenbroek has been appointed Professor of Gynæcology in the University of Utrecht.

Mr. H. Bellamy Gardner has been appointed anæsthetist to Charing Cross Hospital, in the room of Dr. F. W. Hewitt, who has resigned that post.

Book Reviews.

An American Text-book of the Diseases of Children. Including special chapters on essential surgical subjects: Orthopædics; Diseases of the Eye, Ear, Nose, and Throat; Diseases of the Skin; and on the Diet, Hygiene, and General Management of Children. By American Teachers. Edited by Louis Starr, M.D., Consulting Pædiatrist to the Maternity Hospital, Philadelphia, etc. Assisted by Thompson S. Westcott, M.D., Instructor in Diseases of Children, University of Pennsylvania, etc. Second Edition Revised. Philadelphia: W. B. Saunders, 1898. Price, $7.00, Cloth.

The first edition of this work won a deservedly high reputation on account of its excellent features. Being the joint production of a number of the foremost teachers in the United States and Canada, it may be regarded as representative of the methods of practice in this specialty as taught and practiced on this side of the ocean. In accordance with the tendencies and needs of American practitioners, it concerns itself more particularly with the practical side of the subject. Our physicians aim to inform themselves of the symptomatology of disease and the intelligent differentiation of one malady from another, chiefly for the sake of performing their duty toward the little patients who may be confided to their care. The purely scientific aspect of the subject is not overlooked, but everything is regarded as subordinate to the proper management of the sick. For the practicing physician this is the grand object of all his studies.

To men of this cast of mind the volume before us will commend itself as a very useful publication. It is full without prolixity.

The second edition has been very carefully revised by its various contributors. The advances in different parts of the field have been incorporated, so that the reader may feel confident that he is presented with the state of knowledge as it exists today. The chapter on Infectious Diseases has been rearranged to include Tuberculosis and Malaria. New articles have been introduced upon the use of Modified Milk Mixtures and Percentage Milk Mixtures, upon Lithæmia, and a section on Orthopædics has been prepared. The articles upon the eruptive fevers have been largely rewritten. In this manner fifty pages of fresh material have been added to the work.

A Text-book on the Pathogenic Bacteria for Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology in the Medico-Chirurgical College of Philadelphia, etc. With 134 Illustrations. Second Edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 1898. Price, $2.50, net.

This is another work which has proved very successful and of which a second edition has been soon demanded. Professor McFarland's book is a most excellent one to place in the hands of a student, for the reason that it is written with admirable clearness and presents the subject in such a manner as to interest the reader. It is equally a book for the laboratory and library. The excellent illustrations furnish

Digitized by Google

an effective commentary upon the statements and descriptions of the text. Improvements and discoveries which have been made at home and abroad since the original issue of the book have received proper attention from the author. New chapters have been added upon the bacteriology of whooping cough, mumps, yellow fever, and other diseases. Of Sanarelli's bacillus icteroides the author writes: "Sanarelli's descriptions and arguments are convincingly in favor of the accuracy of his own work and the specificity of his bacillus." In whooping cough a number of bacteria have been described, but none has as yet been demonstrated as the active cause of the disease.

A Clinical Text-book of Medical Diagnosis for Physicians and Students. Based upon the most recent methods of examination. By Oswald Vierordt, M.D., Professor of Medicine at the University of Heidelberg, etc. Authorized Translation, with additions. By Francis H. Stuart, A.M., M.D. Fourth American Edition from the Fifth German Edition. Revised and Enlarged. With 194 Illustrations. Philadelphia: W. B. Saunders, 1898. Price, cloth, $4.00, net; sheep or half morocco, $5.00, net.

Dr. Stuart deserves the thanks of the entire English speaking profession for his faithful translation of Professor Vierordt. The book has from the first proved a great success in Germany and among those of any country who have the ability to read German. As, however, even those who have a fair reading knowledge of the German language will undoubtedly peruse the work more rapidly in its English dress, the usefulness of the book will be extended by this translation.

Upon the valuable features of Professor Vierordt's work we commented favorably at the time of its first appearance. The lapse of time has but added to our opinion of its worth. Founded upon wide learning, the volume is full of the most instructive points and suggestions regarding the distinctions between different maladies. In such logical and orderly style are the facts marshalled by the author that the final conclusions fasten themselves irresistibly upon the mind of the student. The writer has skilfully woven into his text the results of the improvements which have been made since the preceding edition was issued. Nine years have elapsed since the book was first given to the world, and in that period of time it has been carefully revised four times. Many alterations have been made since the last revision, especially in regard to gastric digestion and the nervous system.

An American Text-book of Gynæcology, Medical and Surgical, for Practitioners and Students. By Henry T. Byford, J. M. Baldy, Edwin B. Cragin, J. Etheridge, William Goodell, Howard A. Kelly, Florian Krug, E. E. Montgomery, William R. Pryor, and George M. Tuttle. Edited by J. M. Baldy. Second Edition, Revised. With 341 Illustrations in the Text and 36 colored and half-tone plates. Philadelphia: W. B. Saunders, 1898. Price, $6.00, cloth; sheep or half morocco, $7.00.

This is surely a most excellent collection of names, and goes far toward making any work a success. In fact, the first edition has met with an unusually welcome reception. Like the other volumes of the American Text-Book System, the one before us is well adapted in size to be of practical value to the reader. The topics are selected, arranged, and written in such a way as to bear directly upon the daily work of the practitioner. The ailments of which this book treats are so common, they give rise to so much distress, often of mind as well as of body, that it is of importance that every physician should be possessed of some diagnostic and operative skill in this field. The book before us is a guide which can be recommended with confidence.

Digitized by Google

There has been considerable new matter added to the second edition, while, on the other hand, some of the old has been omitted or modified. Changes of this character are inevitable in dealing with a progressive subject. During the last four years fluctuations of opinion and practice in regard to a number of questions have occurred in the department of gynæcology. These variations are taken into account in this work, and the amended text of the second edition is a reflex of the best conservative and judicious views of American writers. Certain improvements have been made, moreover, in another important part of the work, viz., the illustrations. These are certainly of much value in assisting to a full comprehension of the text. More than forty of the old illustrations have been replaced by new plates.

A Text-book of Materia Medica, Therapeutics, and Pharmacology. By George Frank Butler, Ph.G., M.D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois, etc. Second Edition Revised. Philadelphia: W. B. Saunders, 1898.

In preparing a second edition of his work Dr. Butler has included the additions which in the last two years have been made to our knowledge of the properties of various drugs. The most important of these relate to the physiological action of antipyretics, antiseptics, aconite, and strychnine. Alterations have been made in the chapters on diuretics and cathartics. In this edition the author has omitted the chapter on definitions, and in its place has enlarged the section upon serum therapy and the action of nuclein.

This treatise upon therapeutics has been largely used, and within its scope is doubtless a practical and well written work. It proposes merely to deal with those remedies which the author considers as most powerful and efficacious. Those which are seldom employed or which are of doubtful service are omitted.

A Text-book of Practical Therapeutics, with Especial Reference to the Application of the Remedial Measures to Disease, and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Second Edition, enlarged, thoroughly revised, and largely rewritten. Philadelphia and New York: Lea Brothers & Co., 1898.

"Hare's Therapeutics" has by this time become so familiar to the medical profession that the present edition scarcely needs any words of introduction or commendation. A work which has so rapidly advanced to the seventh edition evidently satisfies a want. The style of the author is direct and incisive. He gives the student the benefit of his personal observations and experience. A large part of the book, as in former editions, is devoted to a description of the principal diseases in which the drugs and other remedial measures discussed are to be applied. This adds to the value of the work, although it would seem to trench upon ground which should belong to its more especial subject. Valuable tables and indexes are appended to the volume..

The Essentials of Histology, Descriptive and Practical. For the Use of Students. By E. A. Schaefer, LL.D., F.R.S., Jodrell Professor of Physiology in University College, London. New (fifth) Edition, Revised and Enlarged. With 392 Illustrations. Philadelphia and New York: Lea Brothers & Co., 1898.

Schaefer's histology is another well-known and deservedly popular book. The description of the microscopic structure of the organs and tissues is so clear that the reader is not wearied before he has fairly entered the portals of the study. Histology is extremely important and it can be made very interesting; but, on the other hand, it

Digitized by Google

can be made very dry and heavy by a cumbrous style. In this book the text is concise and reliable. It is prepared by an authority who appreciates the needs of students, and, in fact, of most practitioners, who desire a work upon which they may rely, but who do not seek an exhaustive treatise which goes with equal length into every detail. All the text is directly to the point and the plates are beautiful.

Laboratory Work in Physiological Chemistry. By Frederick G. Novy, Sc.D., M.D., Junior Professor of Hygiene and Physiological Chemistry, University of Michigan. Second Edition, Revised and Enlarged. With frontispiece and 24 Illustrations. Ann Arbor: George Wahr, Publisher, 1898.

Physiological chemistry is one of the most important studies of the medical curriculum. The cultivation of this field has until recently been possible to but few. The rapid development of this department of science within a few years past has thrown much and needed light upon physiological processes. It is from this quarter and from bacteriological investigations that progress must chiefly be expected. The rapid growth of this branch of chemistry is attended by another result. It necessitates the frequent revision of text-books. The present edition of Dr. Novy's valuable book is almost wholly rewritten. It is representative of the present state of knowledge and is replete with information of value alike to student and practitioner. Few are better prepared to write such a book than Dr. Novy, who has himself done much original work in this field.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M.D., LL.D., F.R.C.P., Emeritus Professor of Obstetric Medicine in King's College, etc. Seventh American from the Ninth English Edition. With 7 Plates and 207 Illustrations. Philadelphia and New York: Lea Brothers & Co.

This English work, originally published twenty-two years ago, has long been a favorite text-book and work of reference. It possesses those practical features for which the best English treatises are distinguished. Those who give time to its study and faithfully follow its instructions may be sure of becoming faithful obstetrical practitioners. This is a branch of our profession which loudly calls for knowledge and skill. In none are there more frequent and more peremptory demands made by sudden emergencies and weighty responsibilities. In his preface to the first edition the author lamented that notwithstanding the importance of the subject so little time was allotted to its study in the schools, and that students generally left college with less knowledge of obstetrics than of any other branch. In this country, at least, such a reproach is much less deserved than a quarter of a century ago, and the student now has the opportunity of observing every step of the progress of a case of labor.

Many changes in opinion and practice have taken place since the present work first issued from the press. The author has been a conscientious student of the progress of the art and has revised his work in accordance with the improvements which have been made. He is, in fact, one of those to whom the art is indebted, and has written in the light of his own experience and convictions. His book is, therefore, well in the van.

Professor Playfair's descriptions of the course and termination of pregnancy are clearly expressed. The accidents and complications which may occur are carefully pointed out, and the indications for interference are plainly given. There are certain minor respects in which his practice and recommendations differ from those adopted in this country, but these in no manner detract from the general value of the book, which may be relied upon as a powerful exposition of the science and art of obstetrics.

Digitized by Google

COMMERCIAL NEWS.

SURGICAL CONVALESCENCE.

WITH REPORT OF BLOOD-COUNT IN TWENTY CASES.

BY STUART M'GUIRE, M.D.,

Professor of Principles of Surgery in the University College of Medicine; Surgeon to St Lukes's Hospital and the Virginia Hospital, Richmond, Va.

SEVERAL months ago I received a visit from an agent of the M. J. Breitenbach Company, of New York, manufacturers of Gude's Pepto-Mangan, who stated that his firm was anxious for me to test their preparation on surgical cases and to publish the results. I agreed to do so, provided I be allowed to utilize the first twenty major cases on which I operated, and that his company supplied me with the drug and paid the cost of the necessary blood-counts.

I append a report of twenty cases. Eleven of them were private patients at St. Luke's Hospital, and nine were clinic cases at the Virginia Hospital. The histories are taken from official records, augmented by the blood-counts made by Dr. M. D. Hoge, Jr., Professor of Pathology in the University College of Medicine.

When it is remembered that the patients were all confined to bed; that they were recovering from the effects of serious surgical operations; and that they were subjected to the depressing influence of hospital-life, the average increase of red blood-corpuscles is remarkable. Had the cases been selected, and only anæmic patients tested, the results would have been even showier.

CASE I.—Miss E. G., aged 20; a patient at St. Luke's Hospital. Struck on back by windlass of well four months prior to admission. Laminectomy and removal of carious bone and clotted blood. Gave Gude's Pepto-Mangan for 60 days. First count, 1,500,000 red corpuscles to the cubic millimetre. Second count, 3,300,000 to the cubic millimetre. Rapidly improving and recovery assured.

CASE II.—Mrs. M. K., aged 29; a patient at St. Luke's Hospital. Cystic disease of ovaries and chronic inflammation of appendix. Double Beattie-Tait, and appendectomy. Gave Gude's Pepto-Mangan for 20 days. First count, 3,950,000 red corpuscles to the cubic millimetre. Second count, 4,000,000 to the cubic millimetre. Discharged well.

CASE III.—Miss C. H., aged 22; a patient at St. Luke's Hospital. History of frequent attacks of hepatic colic—no jaundice. Opened the gall-bladder and removed a calculus one inch in diameter. Gave Gude's Pepto-Mangan for 28 days. First count, 3,940,000 red corpuscles to the cubic millimetre. Second count, 3,900,000 to the cubic millimetre. Bile still escaping from fistula, but patient otherwise well.

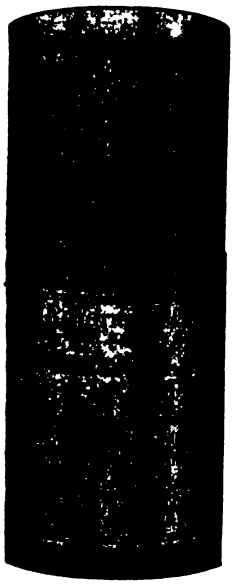
CASE IV.—Miss A. N., aged 32; a patient at St. Luke's Hospital. History of sudden peritonitis accompanied by profound sepsis. Exploratory incision revealed a pedunculated fibroid tumor of uterus, gangrenous from twisted pedicle. Myomectomy. Gave Gude's Pepto-Mangan for 36 days. First count, 3,800,000 red corpuscles to cubic millimetre. Second count, 4,000,000 to the cubic millimetre. Good recovery.

CASE V.—Miss E. J., aged 17; a patient at St. Luke's Hospital. Spinal irritation from a fall. Anæmic emaciated, and confined to bed for more than a year from contraction of hamstring muscles. Electricity, massage, and passive movements. Gave Gude's Pepto-Mangan for 40 days. First count, 3,650,000 red corpuscles to the cubic millimetre. Second count, 4,425,000 to the cubic millimetre. Her menses, which had been suppressed, became regular. She fattened 20 pounds, and left the hospital walking with a cane.

CASE VI.—Miss B. T., aged 21; a patient at St. Luke's Hospital. Retroverted uterus, bound down by adhesions. Opened abdomen, freed organ, and stitched it to anterior abdominal wall. Gave Gude's Pepto-Mangan for 30 days. First count.

(Continued on advertising page 18)

Digitized by Google



FORMULA

℞ Aloin, ¼ gr.
Ext. Bellad. ⅛ gr.
Strychnine, 1-60 gr.
Ipecac, 1-16 gr.

Dose—1-2

Price, 40c. per 100.

AN ACTIVE LITTLE PILL is

PIL. PERISTALTIC (Warner & Co.)

AN IDEAL REMEDY FOR **Constipation and Bilious Disorders**

Small, easily swallowed and efficacious.

Effective without griping pains.

Non-irritating to hemorrhoids.

PIL. PERISTALTIC (Mercurial) is the same formula with 1-10 grain of Calomel added.

WM. R. WARNER & CO.

PHILADELPHIA. NEW YORK. CHICAGO

Tannopine, a specific in diarrhoeal affections.

Tannopine (hexamethylen-tetramine tannin) is always prompt and reliable in action, because it passes unchanged through the stomach and is gradually decomposed in the intestine, thus exerting its astringent effect at the **site of disease,** whether in the upper or lower intestinal canal. Especial indications: Gastro-enteritis, cholera infantum, typhoid, and intestinal tuberculosis.

SCIENTIFIC FOODS, TONICS AND RESTORATIVES.

SOMATOSE,	FERRO-SOMATOSE,	LACTO-SOMATOSE,
a scientific food in all conditions of lowered vitality, producing a rapid gain in flesh and strength without taxing the digestive organs.	a ferruginous nutrient in all anæmic states, palatable, readily assimilated, does not affect the teeth nor produce constipation.	pre-eminently a food for gastro-intestinal diseases, agreeable, nutritious and exerting a mild astringent action in diarrhœal affections.

Protargol an important advance in gonorrhoea therapeutics

Protargol is regarded by Professor Neisser as "the best, safest and most rapid remedy hitherto introduced in the treatment of gonorrhœa." It is also highly recommended in affections of the eye, infected wounds, and as a substitute for nitrate of silver in general.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO., 40 Stone Street, New York.

Selling Agents for the Bayer Pharmaceutical Products:

Aristol, Europhen, Ferro-Somatose, Hemicranin Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

3,900,000 red corpuscles to the cubic millimetre. Second count, 3,950,000 to the cubic millimetre. Complete relief from symptoms.

CASE VII.—Master D. S. J., aged 9; a patient at St. Luke's Hospital. Acute suppurative osteomyelitis of femur, tibia, and tarsus on one side and of tibia and tarsus on the other. Amputated one limb and used chisel and curette on the other. Gave Gude's Pepto-Mangan for 45 days. First count, 3,720,000 red corpuscles to the cubic millimetre. Second count, 4,600,000 to the cubic millimetre. Patient discharged with well-healed stump, but incision in ankle still draining.

CASE VIII.—Mrs. H. E. W., aged 48; a patient at St. Luke's Hospital. Carcinoma of cervix; vaginal hysterectomy by the clamp method. Had a bad liver and an irritable stomach, and though Pepto-Mangan was tried in varying doses and at different times during convalescence, she was never able to take it for more than a day or two consecutively. First count, 3,400,000 red corpuscles to the cubic millimetre. Second count not made. Case made a slow recovery, but is now well.

CASE IX.—Master R. G., aged 14; a patient at St. Luke's Hospital. Compound depressed fracture of skull from a three-pound mass of type-metal falling five stories. Trephined and removed blood-clot and spiculæ of bone. Gave Gude's Pepto-Mangan for 21 days. First count, 3,900,000 red corpuscles to the cubic millimetre. Second count, 3,800,000 to the cubic millimetre. The loss was less than anticipated, as the boy was injured while in vigorous health. Recovery rapid and complete.

CASE X.—Miss A. E. S., aged 27; a patient at St. Luke's Hospital. Indigestion, constipation, and dysmenorrhœa. Rapid dilatation of cervix. Gave Gude's Pepto-Mangan for 34 days. First count, 3,900,000 red blood corpuscles to the cubic millimetre. Second count, 4,400,000 to the cubic millimetre. Bowels became regular, menstruation painless, and strength and weight increased.

CASE XI.—Mrs. W. A. M., aged 29; a patient at St. Luke's Hospital. Symptoms of long-existing ovarian and uterine trouble, to which had recently been added those of inflammation of the appendix. On section, the uterus was found retroverted, the ovaries cystic, the appendix impacted and adherent, and the intestines filled with lumbricoids. The uterus was righted and stitched to the anterior abdominal wall, the ovaries and appendix removed, and later a brisk purgative expelled the worms. Gave Gude's Pepto-Mangan for 18 days. First count, 4,200,000 red corpuscles to the cubic millimetre. Second count, 4,310,000 to the cubic millimetre. Recovery and complete relief from symptoms.

CASE XII.—Mrs. L. A. W., aged 44; a patient at the Virginia Hospital. Carcinoma of breast, with extensive lymphatic involvement. Radical extirpation of disease. Gave Gude's Pepto-Mangan for 10 days. First count, 4,550,000 red corpuscles to the cubic millimetre. Second count, 4,620,000 to the cubic millimetre. Case discharged in two weeks and not heard from since.

CASE XIII.—Mrs. L. J., aged 25; a patient at the Virginia Hospital. Pyosalpinx following puerperal septicæmia. Opened abdomen, freed numerous intestinal adhesions, enucleated pus-tubes, and removed uterus by Baer's method. Gave Gude's Pepto-Mangan for 28 days. First count, 3,410,000 red corpuscles to the cubic millimetre. Second count, 4,100,000 to the cubic millimetre. Perfect recovery.

CASE XIV.—Master J. F. S., aged 11; a patient at the Virginia Hospital. Tuberculosis of knee and femur, with secondary infection and profuse suppuration. Amputation. Gave Gude's Pepto-Mangan for 24 days. First count, 4,005,000 red corpuscles to the cubic millimetre. Second count, 4,300,000 to the cubic millimetre. Rapid recovery and marked constitutional improvement.

(Continued on advertising page 20)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

ADEPS LANÆ, MERCK.

A STANDARD OINTMENT BASE.

Odorless: free from the natural acidity of ordinary wool-fats; wholly free from foreign acids and alkalies; is miscible with water, and aqueous solutions of salts, and with other fats. Adeps Lanæ Merck (Hydrosus) is of U. S. P. quality.

AQUA LEVICO. Alterant Tonic.

Arsenous acid, iron sulphates, and copper sulphate in natural solution. Indicated in anemic, chlorotic, neurasthenic, and neurotic conditions. Aqua Levico is the natural water from two springs ("Mild" and "Strong") in the Tyrol, differing in arsenical, ferric, and cupric strength. Literature on request.

Every physician is interested in the purity of the chemicals dispensed to his patients. Specify "Merck's" for reliability.

IODOFORMOGEN.

ODORLESS IODOFORM.

Iodoformogen (Iodoform Albuminate) is devoid of the penetrant odor of ordinary iodoform. It does not conglutinate, and is three times bulkier than an equal weight of iodoform. In consequence of this lightness it adheres more intimately and firmly to wound surfaces, and it can readily be brought into contact with remote recesses of wound cavities Clinical investigators report that Iodoformogen is more thorough, more persistent, and more economical than simple iodoform. Literature on request.

GELANTHUM. Dermic Varnish.

A water-soluble vehicle for the application of dermic remedies. It forms a smooth, homogeneous, covering without tendency to stickiness. Sample free.

Purity of Chemicals is quite as essential as exactitude in compounding. For reliability specify "Merck's."

MERCK & COMPANY,

UNIVERSITY PLACE. NEW YORK.

Digitized by Google

CASE XV.—Miss A. H., aged 25; a patient at the Virginia Hospital. Diseased ovaries and retroverted uterus. Double ovariotomy and ventrosuspension of uterus. Gave Gude's Pepto-Mangan for 30 days. First count, 4,300,000 red corpuscles to the cubic millimetre. Second count, 4,200,000 to the cubic millimetre. Patient an hypochondriac and still complains.

CASE XVI.—Mrs. E. B., aged 36; a patient at the Virginia Hospital. Cirsoid aneurism of scalp and forehead, causing agonizing pain from involvement of the orbit. Ligation of right common carotid artery. Gave Gude's Pepto-Mangan for 16 days. First count, 4,400,000 red corpuscles to the cubic millimetre. Second count, 4,100,000 to the cubic millimetre. Force of pulsation diminished and pain completely relieved.

CASE XVII.—Mr. P. S., aged 51; a patient at the Virginia Hospital. Suppurative osteomyelitis of tibia. Amputation of limb. Gave Gude's Pepto-Mangan for 28 days. First count, 3,400,000 red corpuscles to the cubic millimetre. Second count, 3,700,000 to the cubic millimetre. Recovery, with marked improvement in general health.

CASE XVIII.—Miss N. C., aged 30; a patient at the Virginia Hospital. Rapidly-growing fibroid tumor of uterus. Complete hysterectomy and removal of mass weighing forty pounds. Gave Gude's Pepto-Mangan for 30 days. First count, 3,700,000 red corpuscles to the cubic millimetre. Second count, 3,750,000 to the cubic millimetre. Intercurrent attack of pneumonia, which retarded recovery and interfered with the regular administration of medicine.

CASE XIX.—Mrs. S. S., aged 50; a patient at the Virgina Hospital. Carcinoma of breast. Amputated organ and dissected out adjacent lymphatic glands. Gave Gude's Pepto-Mangan for 10 days. First count, 4,200,000 red corpuscles to the cubic millimetre. Second count, 4,250,000 to the cubic millimetre. No report from case since discharge.

CASE XX.—Mrs. S. J., aged 31; a patient at the Virgina Hospital. History of three acute attacks of appendicitis. Thin, anæmic, and nervous. Appendectomy. Gave Gude's Pepto-Mangan for 26 days. First count, 2,644,000 red corpuscles to the cubic millimetre. Second count, 3,950,000 to the cubic millimetre. Gained 15 or 20 pounds in weight and is completely well.

VICHY WATERS.

No natural water has ever been made the subject of such exhaustive study as that of the Vichy Spring, which owes its reputation to a fame resulting from the crucial test of centuries of clinical observation.

In practice, it is found that the water of Célestins is especially indicated in disorders of the kidneys, and such as depend upon the uric-acid diathesis; rheumatism, gout, gravel, and cutaneous lesions, such as eczema, etc. Practically it may be said that the water of the Célestins Spring meets every indication for the employment of Vichy Water. It has a mildly-diuretic action of great power, and its action upon the liver and stomach is excellent. By its continuous use the blood is rendered more alkaline; deposits of uric acid in the form of sodic urates no longer take place, since the acid becomes promptly changed into urea, which is rapidly eliminated. The bile becomes diluted, and calculi are no longer formed in the gall-bladder. Those which may be present are disintegrated through the solution, in a strongly-alkaline medium, of the mucus which holds the various parts together, and the fragments are discharged through the common bile-duct into the intestinal tract.

The interest manifested by the profession in regard to the Vichy Waters is so great that the desire has often been expressed for a more exhaustive treatise upon the subject. The general agent for these waters in this country will be pleased to send free on application valuable literature upon this subject.

(Continued on advertising page 22.)

Digitized by Google

AS AN ANODYNE AND HYPNOTIC

...KRYOFINE...

(Methoxacet-p-phenetidin)

IS POWERFUL AND WITHOUT ILL EFFECTS.

DR. GEORGE F. BUTLER, Professor of Materia Medica and Clinical Medicine, College of Physicians and Surgeons, Chicago; Attending Physician Cook County Hospital, etc., in the course of an article in the Chicago Clinic, says:

"With the exception of morphine, no drug possesses so positive, prompt and efficient an analgesic property as Kryofine; indeed there are painful disorders—such as migraine, and particularly the pains of locomotor ataxia and certain spinal diseases—where Kryofine seems nearly as efficient as morphine, and attended with less unpleasant sequelæ."

In the services of Drs. J. Rudisch, A. Meyer and A. G. Gerster, Mt. Sinai Hospital, New York, it was found that:

"As a hypnotic in insomnia, unaccompanied by severe pain, it has proved of undoubted value."

"In a case of acute suppurative arthritis, general sepsis and pericarditis, the drug did not affect the pulse. When the child was restless at night, 2½ grains of Kryofine produced a quiet sleep, lasting several hours."—DRS. HAAS and MORRISON, New York Med. Journal.

Dose:—4-7½ grs., tablets or crystalline powder. Literature and Samples sent on request.

C. BISCHOFF & CO., NEW YORK.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

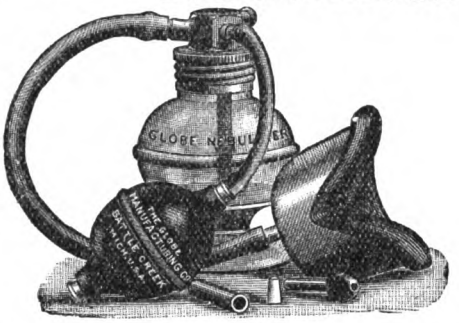
Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

GLOBE Nebulizer



Not an Experiment,

but a practical and scientific instrument, the superior merits of which have been absolutely demonstrated in the hands of thousands of physicians.

Can be Operated Successfully

either with or without air condenser, in the office or at the bedside.

The Globe Nebulizer applies all classes of remedies to any part of the respiratory tract and middle ear with an effectiveness never before obtainable. Each instrument is fitted with our improved mask, WITH DETACHABLE PNEUMATIC RUBBER CUSHION, and our latest improved nebulizing tube which is WARRANTED NEVER TO BECOME CLOGGED with any sort of solution. *Write for illustrated literature.*

The GLOBE MFG. CO., Battle Creek, Mich.

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFRS 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

IODOFORM AND ITS SUBSTITUTE IN THE TREATMENT OF PHTHISIS.

Among the numerous remedies that have been recommended in the treatment of phthisis, one of the few deserving a careful trial is iodoform and its substitute Europhen, concerning which a number of very valuable reports have been recently published.

At a meeting of the American Medical Association last year it will be remembered that Dr. L. F. Flick, of Philadelphia, reported a number of cases of phthisis in which considerable improvement had been derived from the use of iodoform and especially of Europhen, employed chiefly in the form of inunctions.

In a paper laid before the same society this year Dr. Flick (Maryland Medical Journal) reiterates his favorable experience with solutions of iodoform, or Europhen and oil. He states that the value of these drugs lies undoubtedly in the iodine, and that the mode of action appears to be the production of nascent iodine in the blood by the decomposition of iodoform and Europhen and the consequent inhibition of the tubercular process.

Dr. Edward O. Otis, of Boston (Boston Medical and Surgical Journal, July 21st), discussing the modern methods of the treatment of phthisis and its symptoms, also emphasizes the value of iodoform, either used as such or in the form of its substitute Europhen. He remarks that, as far as evidence has accumulated regarding it, its chief effect appears to be an improvement of the appetite, increase in weight, and a diminution of the cough. According to Ransom, who is careful in his statements, it is one of the best of the medicines that can be given for the purpose of assisting nutrition and alleviating cough.

DISINFECTING DEJECTA.

In a recent issue of the New England Medical Monthly, Dr. W. R. D. Blackwood, of Philadelphia, writing under the heading of "Some Ideas about Typhoid Fever," remarks: "The vessels for all dejections should be well cleansed. . . . After thorough cleansing I invariably pour into the bed-pan or commode 2 ounces of undiluted Platt's Chlorides. . . . This sterilizes the evacuations at once and completely."

INSTRUCTIVE EXHIBITS.

"One of the chief attractions at the annual gatherings of the American Medical Association is always the exhibition-hall, where the principal drug-, instrument-, and

(Continued on advertising page 23)

Digitized by Google

food- products of the world, the results of years of experimental research and labor, are placed in view.

"Among the many attractive exhibits at this year's Denver meeting, that of imperial granum, recognized by many leading physicians as the standard among prepared foods, occupied a prominent space, and the representative in charge was kept busy explaining to the visiting physicians the superiority of this preparation. Handsome sample-boxes of the food, and copies of the Imperial Granum Co.'s valuable clinical record, were presented to each physician in attendance."—From The Journal of the American Medical Association, Chicago.

FOR ACUTE CYSTITIS.

℞ Bromide of Potash, ʒss.
Fld. ext. gelsemin., gtt 10.
Fld. ext. hyoscyam., 3ij.
Lithiated hydrangea (Lambert), q. s. ad ʒiv.

Mix. A dessertspoonful every four hours. Milk and flaxseed-tea as drinks.—Kansas Medical Index.

GONORRHŒA, GLEET, AND LEUCORRHŒA.

"Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhœa and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhœa and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The white is preferable—leaving no stain on the clothing."—J. R. Wilcox, M.D., Colorado Springs,, Col.

PULVOLA NOT A TOOTH-POWDER.

A glaring inconsistency is apparent in the claims of the manufacturers of Talcum powder when they recommend it both as a suitable tooth-powder and as an application for the inflamed or delicate skin of the infant. Any powder sufficiently gritty for a tooth-powder certainly should not be used as a dusting-powder. Pulvola, the waterproof baby-powder, is absolutely impalpable; there is no grit in it. It is a powdered oil—not ground stone.

PROPER PRESCRIBERS.

The "Response to letters received from the Laity" that is being published in hundreds of the medical journals and magazines of this country opens up a subject of vital interest to the medical practitioner; and if more of the manufacturers would maintain the same attitude toward the laity that is taken by the Chas. Roome Parmele Co. they would receive far more substantial support from the best class of the medical profession.

The one fact alone, that dosage cannot be determined upon suitable for all cases, and that any one case may require treatment radically different from the one that preceded it, is conclusive evidence that to the physician alone is relegated the province to prescribe, and that this right should not be usurped by the manufacturer.

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

STANDARD MODERN MEDICAL TEXT-BOOKS

ISSUED BY

THE F. A. DAVIS COMPANY, Medical Publishers,

PHILADELPHIA, PA.

Bindings in Cloth, Except when Otherwise Stated.

ALL THE FOLLOWING PRICES ARE STRICTLY NET. CARRIAGE CHARGES PREPAID BY THE PUBLISHERS.

*BASHORE—**Outlines of Rural Hygiene.** 75 cents.
*BISHOP—**Diseases of the Ear, Nose, and Throat.** Second Edition. Cloth, $4.00; Sheep or Half-Russia, $5.00.
BOUCHARD—OLIVER—**Auto-Intoxication in Disease. A Treatise on Intestinal and Urinary Pathology.** $1.75.
BURR—**Primer of Psychology and Mental Disease.** Second Edition, $1.00.
CATHELL—**Book on the Physician Himself.** Tenth Edition, $2.00.
CROTHERS AND BICE—**Elements of Latin for Students in Medicine and Pharmacy.** $1.25.
*EDINGER—HALL—**Structure of the Central Nervous System.** New, Enlarged, American Edition, $2.50
EISENBERG—PIERCE—**Bacteriological Diagnosis.** Cloth or Oil-cloth, $1.00.
*GANT—**Diseases of the Rectum, Anus, and Contiguous Textures.** Cloth, $3.50; Half-Russia, $4.50
*GRANDIN AND JARMAN—**Practical Obstetrics.** Second Edition. Cloth, $4.00; Sheep, $4.75.
***International System of Electro-Therapeutics.** Edited by H. R. BIGELOW, M.D. Cloth, $6.00; Sheep $7.00; Half-Russia, $7.50.
***International Text-Book of Medical Electro-Physics and Galvanism.** $2.50.
*IVINS—**Diseases of the Nose and Throat.** Cloth, $4.00. Sheep or Half-Russia, $5.00.
*MANTON—**Syllabus of Lectures on Human Embryology.** Second Edition, $1.25.
*MASSEY—**Conservative Gynecology and Electro-Therapeutics.** Third Edition, $3.50.
*MONTGOMERY—**A Text-book of Practical Gynecology.** IN PREPARATION.
*PARK—**An Epitome of the History of Medicine.** $2.00.
PRICE AND EAGLETON—**Three Charts of the Nervo-Vascular System, Nerves, Arteries, and Veins.** Unmounted, on extra durable paper. Per Set, 50 cents.
*PURDY—**Practical Uranalysis and Urinary Diagnosis.** Fourth Edition, $2.50.
*ROHÉ—**Text-book of Hygiene.** Third Edition, $3.00.
*ROHÉ AND LORD—**Practical Manual of Skin Diseases.** $1.25.
*SENN—**Principles of Surgery.** Second Edition. Cloth, $4.50; Sheep or Half-Russia, $5.50.
SHOEMAKER—**Materia Medica and Therapeutics.** Fourth Edition. Cloth, $5.00; Sheep, $5.75.
*SMITH—**Physiology of the Domestic Animals.** Cloth, $3.00; Sheep, $4.00.
*YOUNG—**Synopsis of Human Anatomy.** $1.00.

* ALL BOOKS DESIGNATED BY AN ASTERISK (*) ARE APPROPRIATELY AND LIBERALLY ILLUSTRATED

DETAILED DESCRIPTIVE CIRCULARS OF ANY OF THESE BOOKS FORWARDED PROMPTLY ON REQUEST. CORRESPONDENCE WITH COLLEGE PROFESSORS AND TEACHERS CONCERNING ANY OF THE ABOVE BOOKS SPECIALLY SOLICITED.

THE F. A. DAVIS COMPANY, Publishers,

1914 and 1916 Cherry St., Philadelphia.

Digitized by Google

SOUND ADVICE.

"I have not become acquainted with Dr. Cathell through the medical press; I do not know whether he has discovered a new bacterium, or a novel method of emptying the female pelvis, or an antitubercular serum; but I do believe in this book he will live in the grateful hearts of generation after generation of physicians who will owe much of their success to him. He has seen much, and his experience is here crystallized into sound advice. There is help in it for the physician who finds, after a short time, that 'something is wrong' with his career. Here he can find what is the matter and the remedy for it. The senior student should read it before he even thinks of a location; he should read it often during his early professional life, **for from it he will gain much that he would otherwise obtain only from sometimes bitter experience.**"

G. H. S. in "The Colorado Medical Journal," Denver, Colorado.

THE FOREGOING REMARKS REFER TO THE

BOOK ON THE PHYSICIAN HIMSELF,

And Things that Concern his Reputation and Success.

—BY—

D. W. CATHELL, M.D.

Tenth Edition. Author's last revision. Royal Octavo. About 350 pages. Extra Cloth. Net, $2.00.

THE F. A. DAVIS CO., Publishers.

PHILADELPHIA: 1914 and 1916 Cherry Street.
NEW YORK: 117 W. Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 S. Clark Street.

Digitized by Google

LIST OF PUBLICATIONS

OF

THE F. A. DAVIS COMPANY,

PHILADELPHIA: 1914-16 Cherry Street.
NEW YORK: 117 West Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 South Clark Street.

Age of the Domestic Animals. (Huidekoper) $ 1.00
Anatomy of the Central Nervous System of Man, and of Vertebrates in General. (Edinger) 2.50
Anatomy, Text-Book on Practical. (Boenning) 1.50
Anatomy, Synopsis of Human. (Young) . . 1.00
Annual and Analytical Cyclopædia of Practical Medicine, Sajous's . . . per vol. 5.00
Annual of the Universal Medical Sciences: the Standard Medical Annual of the World 15.00
Auto-Intoxication in Disease. (Bouchard) 1.75
Autoscopy of the Larynx and Trachea. (Kirstein) 75

Bacteriological Diagnosis. (Eisenberg) . . 1.00
Book on the Physician Himself and Things that Concern his Reputation and Success. (Cathell) 2.00

Chart, Improved Clinical. (Bashore) 50
Chinese: Their Present and Future. Medical, Political, and Social. (Coltman) . . . 1.25
Circumcision, History of. (Remondino) . . 1.25
Chapter on Cholera for Lay Readers. (Vought) .50
Color-Vision and Color-Blindness. (Jennings) 1.00
Consumption. (Davis) 75

Daughter, The: Her Health, Education, and Wedlock. (Capp) . . . . . Paper .50
Diabetes. (Purdy) 1.25
Ear, Nose, and Throat. Diseases of the. (Bishop) 4.00
Eclampsia, Hand-Book of. (Michener) . . .40
Electro-Therapeutics, International System of. (Bigelow, Chief Editor) 6.00
Electricity in Medicine and Surgery. (Liebig and Rohé) 2.00
Embryology, A Syllabus of Lectures on Human. (Manton) 1.25
Epilepsy. (Hare) 1.25
Eye-Strain in Health and Disease. (Ranney) 2 00
Eye, Injuries to the. (Baudry) 1.25
Face and Form Reading, The Encyclopedia of. (Stanton) 4.00
Fevers, Hand-Book of. (Eshner) 2.00
Fever. (Hare) 1.25

Gynecology and Electro-Therapeutics, Conservative. (Massey) 3.50
Gynecology, Lessons in. (Goodell) 2.50
Gynecology, Practical. (Montgomery) Prep'g.

Hay Fever (Sajous) 60
Heredity, Health, and Personal Beauty. (Shoemaker) 2.50
History of the Life of D. Hayes Agnew, M.D., LL. D. (Adams) 1.50
History of Medicine, An Epitome of the. (Park) 2.00
Hygiene, Text-Book of. (Rohé) 3.00
Hygiene, Outlines of Rural. (Bashore) . . .75

Insanity. (Krafft-Ebing). In preparation.

Latin, Elements of. For Students of Medicine and Pharmacy. (Crothers and Bice) . . $ 1 25
Life-Insurance, Record-Book of Medical Examinations for. (Keating) 50
Lungs, Heart, and Kidneys, Diseases of the. (Davis) 1.25

Materia Medica, Pharmacy, and Therapeutics, Hand-Book of. (Bowen) 1.00
Materia Medica and Therapeutics. (Shoemaker) 5.00
Medical Bulletin . . . . . per year, 1.00
Medical Bulletin Visiting-List, or Physicians' Call-Record 1.25
Medical Electro-Physics and Galvanism, International Text-Book of. (Bigelow, Editor) 2.50
Medical Formulary, International Pocket. (Witherstine) 2.00
Medical Symbolism. (Sozinskey) 75

Nervous Diseases, Lectures on. (Ranney) . . 3.75
Nervo-Vascular System, Three Charts of the. (Price and Eagleton) 50
Neuroses of the Genito-Urinary System in the Male. (Ultzmann) 1.00
Nose and Throat, Diseases of the. (Ivins) . 4.00
Nose and Throat, Diseases of the. (Sajous) 3.00
Obstetrics, Practical. (Grandin and Jarmin) 4.00
Obstetric Synopsis. (Stewart) 75
Oxygen and Other Gases in Medicine and Surgery. (Demarquay) 1.00

Physicians' Interpreter. In English, French, German, and Italian 1.00
Physician's Wife, The. (Firebaugh) . . . 1.25
Physicians' All-Requisite Time- and Labor-Saving Account Books 5.00
Physiology of the Domestic Animals. (Smith) 3.00
Plain Talks on Avoided Subjects. (Guernsey) 1.00
Primer of Psychology and Mental Disease. (Burr) 1.00
Psychopathia Sexualis. (Krafft-Ebing) . . 3.00

Rectum, Anus, and Contiguous Textures, Diseases of the. (Gant) 3.50

Skin, A Practical Text-Book on Diseases of the. (Rohé and Lord) 1.25
Southern California: Its Climate, Physical, and Meteorological Conditions. (Remondino) 40
Spinal Concussion. (Clevenger) 1.50
Suggestive Therapeutics in Psychopathia Sexualis. (Schrenck-Notzing) 2.50
Surgery, Principles of. (Senn) 4.50
Swedish Movement and Massage. (Nissen) . 1.00
Symptom Register and Case Record. (Straub) .75
Syphilis To-day and Among the Ancients. (Buret) . Vol. I, $1.25; Vols. II and III, 1.50

Tuberculosis of the Bones and Joints. (Senn) 4.00

Uranalysis and Urinary Diagnosis. (Purdy) 2.50

UNLESS OTHERWISE MENTIONED, BINDINGS ARE CLOTH AND PRICES ARE STRICTLY NET.

Complete Descriptive Catalogue Mailed on Request.

Digitized by Google

Salesmen Wanted.

Years ago the country merchant went to the city once or twice a year to buy his goods. Now a traveler calls on him every week, and he buys what he wants from the latest samples.

The traveler has come to stay.

Years ago the country doctor received catalogues and ordered therefrom, when money was so plentiful that he did not know what else to do with it. Consequently he did not order very much, and good libraries were few and far between.

Following the example of the dry-goods man, the medical publisher began sending out travelers about twenty-five years ago. Is the universally admitted fact, that medicine has made greater progress in that time than during a century before, a coincidence only?

However this may be, the fact is that the progressive country doctor, a hundred miles from any city, now keeps better informed than the city doctor did then.

He has become accustomed to having the latest ideas in medicine presented to him by the wide-awake traveler. He welcomes him as a source of reliable information on the best publications.

While he does not always buy, he has, like the dry-goods man, become accustomed to consider this method of buying the most satisfactory one, because he can examine his purchase thoroughly before he pays his money for it.

In this is the traveler of great use to the physician.

We claim to have the largest force of *expert* travelers in the business. We want a few more. Physicians who would prefer to hustle days rather than nights, can hear about it by addressing, with particulars,

THE SUBSCRIPTION DEPARTMENT,

THE F. A. DAVIS COMPANY,

1914-16 Cherry St., Philadelphia, Pa.

Digitized by Google

COW'S MILK MODIFIED

BY

MELLIN'S FOOD

is used successfully in the

DEFICIENT DIGESTION OF INFANCY
DEFECTIVE DIGESTION OF SICKNESS
DIMINISHED DIGESTION OF OLD AGE

"Mellin's Food may be first dissolved in water and the solution used to dilute the milk, or the powder may be added directly to the milk. In either way the milk is rendered more digestible."

Domestic Hygiene of the Child,
PROF. UFFELMANN,
University of Rostock, Germany.

MELLIN'S FOOD FOR INFANTS AND INVALIDS

MELLIN'S FOOD COMPANY, BOSTON, MASS.

You Can Boil Our Aseptic Syringe

AND KEEP IT CLEAN WITH THE LEAST AMOUNT OF EFFORT.

IT HAS { No Caps, No Washers, No Receptacles for Dirt.

IT IS { Handsome, Durable, Easily Adjusted.

IT DOES { Not Leak, Not Dry Out, Not Get Out of Order.

IT COSTS $3.00 Together with the Smallest, Handsomest Aluminum Case, that holds 6 Tubes of our Soluble Hypodermic Tablets and Two Needles.

SHARP & DOHME,

CHICAGO. BALTIMORE. NEW YORK.

Digitized by Google

TABLE OF CONTENTS.

ADDRESS:

The Influence of Age, Sex, and Race in Surgical Affections. By Wm. L. Rodman, A.M, M.D. 361

CLINICAL LECTURE:

Rosacea — Vitiligo — Hyperidrosis — Polytrichia. By John V. Shoemaker, M.D., LL.D. 378

ORIGINAL COMMUNICATION:

Fever Among the Soldiers. By John V. Shoemaker, M.D., LL.D. 382

ABSTRACTS:

Aberrant Vesicles of Herpes Zoster 383
Epidemic of Infectious Myelitis 384
Carcinoma of the Stomach 384
The Role of Arteritis in the Pathology of the Nervous System 384
Progressive Hemiplegia 386
The Physiological Action of Arecoline upon the Eye, and its Application in the Treatment of Glaucoma . . 387

THERAPEUTIC NOTES 387

EDITORIALS:

A Model Military Camp 391
Sick Soldiers in Philadelphia 391

MEDICAL NEWS AND MISCELLANY 393

BOOK REVIEWS 398

COMMERCIAL NEWS 402

INDEX TO ADVERTISEMENTS.

Books.

Bernd's Physicians' Registers 8
D. Appleton & Co. . . . . 3d page cover
New Medical Publications . . . . . Insert page viii, 12, 24–26

Electrical Apparatus.

Van Houten & Ten Broeck 15

Food.

Armour & Co. . . . . Insert page v
Bovinine 5
Fairchild Bros. & Foster 4
Imperial Granum . . . . . Insert page iv
Maltine 10
Maltzyme 7
Mellin's Food 28

Furniture (Hospital).

Wm. F. Bernstein & Co. 13

Medical College.

Medico-Chirurgical College 9

Miscellaneous.

F. E. May 6
Globe Nebulizer 22
Lamps 6
Physicians' and Dentists' Signs 22
Salesmen Wanted 27

Pharmaceutical Preparations.

Angier Chemical Co. . . . . Insert page vii
Antikamnia 7
B. Keith & Co. 6, 10
Battle & Co. 13
Breitenbach Co. 14
C. N. Crittenton Co. 16
California Fig Syrup Co. . . . . Insert page ii
E. Fougera & Co. 2, 11

Pharmaceutical Preparations (*continued*).

Elixir of Opium 9
Elberfeld Co 17
Fellows's Syr. Hypophos. Co. 30
Gibbs's Suppositories . . . . . Insert page iv
Glycozone (Marchand) . . . . . Insert page v
Henry K. Wampole & Co. 30
Henry Pharmacal Co. 13
Kryofine 21
Lehn & Fink 8
Listerine . . . . . 3d page cover
McKesson & Robbins . . . . . Insert page vi
Mercauro . . . . . 2d page cover
Merck & Co 19
New York Pharmaceutical Co. 8
Od Chem. Co. 8
Parke, Davis & Co. . . . . Insert page i
Pasteur Antitoxins 14
Peacock Chemical Co. 1
Plantea's Capsules 9
Platt's Chlorides 16
Pulvola Chemical Co. . . . . Insert page iii
Purdue Frederick Co. 21
Resinol Chemical Co. . . . . 2d page cover
Rio Chemical Co. . . . . Insert page ii
Schering & Glatz 3
Schieffelin & Co. . . . . Outside cover
Scott & Bowne . . . . . Insert page iii
Sharp & Dohme 28
Sultan Drug Co. 19
Victor Koechl & Co. 15
Vin Mariani 1
Wm. R. Warner & Co. 17

Sanitarium.

Burn Brae 6

Soaps.

Packer's Tar Soap 19

Winter Resorts.

Bermuda and West Indies 11

Digitized by Google

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;
The Oxidising Agents—Iron and Manganese;
The Tonics—Quinine and Strychnine;
And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in varicus nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Medical Letters may be addressed to ***Mr. FELLOWS, 48 Vesey Street, New York.***

WAMPOLE'S
PULVEROUS PILLS

(Dry Powder in Pill Form).

A PERFECT PILL

Which will never get harder or less soluble with age.

Made without excipient or pressure, in the condition of a dry porous powder, readily crushed and disintegrated with a thin, very soluble coating.

We claim positive accuracy of subdivision, and highest quality and integrity of ingredients.

SPECIAL PRICES given, and
PRIVATE FORMULA orders solicited,
in quantities of 3,000 to 50,000,000, or more.

SAMPLES FREE

By mail, on application to us.

HENRY K. WAMPOLE & CO.,

MANUFACTURING PHARMACISTS,

PHILADELPHIA, PA., U. S. A.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, NOVEMBER, 1898. No. 11.

Addresses.

ADDRESS TO THE STUDENTS OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

PHILADELPHIA.

GENTLEMEN: It is with great pleasure that I welcome you to these halls of learning, in beginning the session of 1898 and 1899. I trust that you have all come hither with an earnest purpose of taking advantage of the opportunities which shall be given you in the prosecution of your chosen studies. You should realize that you are now on the threshold of your career in life. The habits which you form during your collegiate course are those which will abide with you throughout life. The basis of success in study and practice consists in attention and concentration of mind. Fix your mind firmly upon your books, your lectures, your laboratory work. Curb all wandering thoughts. Never try to do more than one thing at a time. The curriculum of this institution in its various departments has been most carefully prepared in such a manner that the daily performance of your allotted tasks inevitably leads, in due process of time, to the attainment of the desired goal. You are, therefore, not to fret anxiously about the future, but so labor that the present lays the foundation of a favorable future. The Medical Department has extended within the last year its term to a four years' course, each of which occupies nearly eight months of assiduous study in the lecture halls, the laboratories, and by the bedside of the sick in the wards of the hospital.

THE PAST SESSION.

The attendance in both the Medical and Dental departments during the last session was unprecedentedly large. An extremely important feature of the instruction in the departments is our thoroughly organized system of quizzing. By this method each professor, each tutor, instructor or lecturer is brought into the closest personal communication with each student. The progress of the latter is thus measured daily, and I am sure that my colleagues and all of your predecessors—all those who have passed through the drill of the quiz—will agree with me in regarding this as a valuable feature of their educational development. The most effective witness to the worth of a method is its results. Applying this test to the system of tuition pursued in the departments of the Medico-Chirurgical College, I am happy and proud to be able to state to you that both the Medical and

[1] Address by Prof. John V. Shoemaker, M.D., LL.D., to the Faculties and Students of the Medical, Dental, and Pharmaceutical Departments at the opening of the Medico-Chirurgical College on the evening of October 3d, 1898, in the Clinical Amphitheatre of the Hospital.

Digitized by Google

Dental graduates of 1898 passed most successfully the examinations before the Medical and Dental Examining Boards in this and in other States. The result of the recent examinations before the State Board of Medical Examiners of Pennsylvania has shown that the Medico-Chirurgical College applicants have attained, out of all the college graduates from this and other States, the second highest place on the list, or a general average of 78-84. In the various hospitals of all the States and cities to which they have applied for appointments, they have universally succeeded in being named as resident and medical officers during the past year. In the class of 1898, numbering 112 graduates, 30 (*i.e.*, practically 25 per cent.) secured such appointments. And of this number 22 obtained positions in the various hospitals of Philadelphia. In the City, or Philadelphia, Hospital, on a competitive examination with all the graduates of the schools in this great medical centre, a Medico-Chirurgical College graduate attained the highest general average and more than one-half of the resident physicians were selected from the class of 1898.

Our graduates have also been prompt to respond to their country's call. Ten have received appointments as Assistant Surgeons in the U. S. Volunteers. Surgeon-General Sternberg, in recognition of the high standard of the Medico-Chirurgical College, appointed all the resident staff of last year on account of their practical experience gained in the wards of this hospital as Assistant Surgeons in the Volunteer Army. In the medical service of the U. S. Navy the Medico-Chirurgical College is ably represented, a number of our graduates having successfully passed their examination and have been appointed to important squadrons. One of our graduates was with Dewey on the famous May-day before Manila. In a recent examination held by the Naval Board a graduate of this college achieved the phenomenal record of surpassing all his competitors of the year, some sixty applicants having presented themselves and only two being appointed. Truly, this is a most remarkable showing for both school and graduates. These brilliant results are due to the practical system of instruction to which I have made brief allusion.

The Present Session.

Several additions have been made to the Medical Faculty. This department has been strengthened by the selection of four new professors. Professor William L. Rodman, elected Professor of the Principles of Surgery and Clinical Surgery, gained an enviable reputation in Louisville, Ky., as a teacher and writer upon surgical topics. Professor Rodman is an excellent diagnostician, a dexterous operator, and an instructive lecturer. In his former home he had given unusual personal attention to the subject of surgery, and had arranged an admirable system of instruction on that exceedingly important subject.

As an adjunct to Dr. Rodman's Chair in Louisville, Dr. Wm. N. Laws proved himself so efficient that the Medico-Chirurgical College has secured his services as Demonstrator of Operative Surgery.

Thus the Seniors are guaranteed an exceptionally thorough course in a most important branch.

Dr. James P. Mann has been made Professor of Orthopædic Surgery. Dr. Mann has had a ripe experience in this field of practice, is of an original and ingenious bent of mind, and will assuredly present his subject in such a manner as to impress his views and methods upon his class.

Dr. George M. Boyd, the new Clinical Professor of Obstetrics, is one who has actively cultivated the field of midwifery and is, from every point of view, fitted to occupy worthily and usefully his important chair.

Dr. Elwood R. Kirby, who has been named Professor of Genito-Urinary Surgery, comes to us after a very successful career as post-graduate student in Europe and a practitioner and instructor in one of

Digitized by Google

the chief clinics of this city. I am sure that in Professor Kirby you will find an able teacher of a peculiarly afflicting class of diseases.

The Dental Department of this Institution has been provided with admirably arranged, spacious and well-ventilated laboratories, probably the finest in the world, supplied with all modern appliances, especially those pertaining to the adaptation of electricity to dentistry.

The operating rooms are well lighted and contain all the appurtenances belonging to the practical work of the profession. Oral Surgery and Operative Dentistry are thoroughly taught by our distinguished surgeons, and at stated times clinics will be given by expert dental surgeons who have gained distinction in their several lines of work. The incumbent of the chair makes daily visits to the clinic rooms in order to observe the progress of the class in their practical work. The students in the Dental Department of this college possess a great advantage in being educated in scientific subjects, such as Physiology, Anatomy, Pathology, Bacteriology, Chemistry, and Histology, with the students of medicine, by the teachers in the Department of Medicine.

The Department of Dentistry as reorganized is now constituted as follows:

Robert H. Nones, D.D.S., Professor of Prosthetic Dentistry, Dental Metallurgy, Crown and Bridge-work, and Clinical Dentistry.

Walter H. Neall, D.D.S., Professor of Operative Dentistry.

James D. Price, D.D.S., Professor of Dental Pathology, Therapeutics, and Materia Medica.

John V. Shoemaker, M.D., LL.D., Professor of Anæsthesia and Anæsthetics.

Ernest Laplace, M.D., LL.D., Professor of Oral Surgery.

William L. Rodman, A.M., M.D., Professor of Oral Surgery.

Isaac Ott, A.M., M.D., Professor of Physiology.

Joseph McFarland, M.D., Professor of Pathology and Bacteriology.

John C. Heisler, M.D., Professor of Anatomy.

George H. Meeker, M.S., Ph.D., Professor of Physics, Chemistry, and Metallurgy.

Charles L. Furbush, M.D., Professor of Histology.

The present year witnesses an extension of the field of instruction of the Medico-Chirurgical College. A Department of Pharmacy has been added and opens with the most auspicious prospects. Its course of instruction is based upon the soundest principles. Instructions will be by means of lectures, laboratory exercises and recitations. The training of the student in this department will embrace both the scientific and practical sides of Pharmacy. The laboratory courses in Chemistry and Botany will be thorough and in accordance with the most modern methods.

The curriculum of the Department of Pharmacy leads to the degree of "Graduate of Pharmacy" after a two years' course.

There will also be a post-graduate course of one session, with the degree of Doctor of Pharmacy conferred at the end of the session.

The lectures of the Department of Pharmacy will be given, and much of the laboratory work will be performed, in the evenings. This arrangement allows the student to obtain employment during the day in pharmacies, where they learn much that is of practical worth.

The Trustees have seen fit to elect the following distinguished teachers to the Faculty of the Department of Pharmacy:

Henry C. C. Maisch, Ph.G., Ph.D. (Göttingen), Professor of Materia Medica and Botany.

Carl E. Smith, Ph.G. (University of Michigan), Professor of the Theory and Practice of Pharmacy.

Issac Ott, A.M., M.D., Professor of Physiology.

George H. Meeker, M.S., Ph.D., Professor of Chemistry.

Digitized by Google

Seneca Egbert, A. M., M.D., Professor of Hygiene.

I am very glad to be able to announce to you that the Deans of the Departments of Medicine and Dentistry have reported to the Trustees a great increase in the number of matriculates over that of last year.

The new Department of Pharmacy, through their Dean, have likewise reported to the Trustees that already a number of matriculates have presented themselves for enrollment in the school.

New Laboratories.

It is with great satisfaction, furthermore, that I make the announcement that the Trustees of this Institution, ever watchful for its welfare, have purchased the adjoining property at Seventeenth and Cherry Streets. Upon this site they propose to erect at an early date commodious laboratory buildings, the designs of which are at present under advisement. The laboratory system of the Medico-Chirurgical College will thus include rooms properly arranged for the study of Clinical Medicine, Physiology, Hygiene, Pathology, Bacteriology, Chemistry, Materia Medica, and Pharmacology. These laboratories will be completely fitted up with all the instruments and apparatus needed for the scientific study of these fields of research.

Medico-Chirurgical Hospital.

This hospital has a normal capacity of 350 beds in the various departments. This number furnishes an abundance of clinical material for your study at the bedside of various phases of disease. I need only allude here to the grand and good work which has been accomplished by this hospital during the past summer for the relief of our sick soldiers, and how its capacity has been extended by utilizing the vacant laboratory rooms until we have been able to take care of many sick and wounded soldiers from the fever-stricken camps of Chickamauga, Alger, Meade, Wikoff, Porto Rico and Santiago.

On April 21st, two days after the beginning of hostilities, the Medico-Chirurgical Hospital passed resolutions, which were sent to City, State and National Governments, offering our hospital and all its resources for the sick and wounded soldiers and sailors. Acceptance and favorable responses were received, and how well we fulfilled our pledges is now shown by the fact that we have taken care of 431 sick and wounded soldiers during the past few weeks.

And now, on behalf of the Trustees, I extend a cordial welcome to the large number of students I see here assembled. I have sketched, rather than described, the scope and departments of this Institution. Let the standing and the history of the great Institution with which you are, or are about to be, affiliated, excite in your minds a generous ambition to become worthy sons of your Alma Mater.

In conclusion, I invite you and your friends present to inspect the halls, corridors, lecture-rooms, wards, and operating rooms, all of which are thrown open for that purpose to-night. This Clinical Amphitheatre in the hospital is unsurpassed in the world. It was erected after carefully considered plans, of the most modern completion, and, consequently, in this magnificent plant of the Medico-Chirurgical Hospital you will behold an example of the latest scientific ideas of the end of the nineteenth century.

THE CHEMICAL RELATIONS OF REMEDIES IN SCIENTIFIC THERAPEUTICS.[1]

By John V. Shoemaker, M.D., LL.D.,

PHILADELPHIA.

The blood is a nutrient fluid-tissue, rich in corpuscular elements. The health of the tissues depends upon the health of the blood. In the act of nutrition the cells of

[1] Address of the Chairman of the Section on Materia Medica, Pharmacy and Therapeutics, at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898.

Digitized by Google

each organ select their appropriate pabulum. The cells are the essential and active components of any organ or tissue. In health and disease alike it is the influence of the blood upon the cells that we must study. We witness perverted cell-action as the result of disease. The normal composition of the blood is maintained by the statedly renewed supplies of aliment.

As the constituents of normal blood influence the cells according to the type of health, as in disease the activity of the cells is so modified that their functions are very imperfectly performed, so when in disease remedies are given, it is still upon the cells that their action is exerted. Thus, as regards their mode of production, a close analogy exists between the nutrition of health, the disturbances of disease, and the action of remedies.

As food is obtained from the animal and vegetable kingdoms and includes certain necessary mineral constituents, so our remedies are taken from the vegetable and mineral worlds, together with some from the animal kingdom, which, however, until recent years were comparatively few in number. Within a few years past a variety of preparations from the animal world have been more or less extensively and successfully employed. It is of these and the principles of their employment that I would say a few words to-day, believing that the subject of tissue-therapy and serum-therapy is often misunderstood and misrepresented.

It was undoubtedly a great advance in scientific medicine when the chemists began to isolate the active principles of vegetable drugs. The possession of alkaloids, glucosides, etc., enables us to administer drugs with a precision and efficiency which were formerly impossible. A second and, I am disposed to believe, a greater advance has begun in the introduction of animal tissues, extracts, serums and antitoxins into medicine. These methods are yet in their infancy; we are not sure concerning every step in our progress; they are, no doubt subject in many directions to revision, but they are based upon the experimental work of modern science and may be modified according to future experience. When we examine this class of remedies we find that they may be divided into three groups, viz.: extracts of glandular and other organs, serums, and antitoxins. The serums, again, are taken from animals naturally immune to certain diseases, and from those who have been rendered artificially immune. Correspondingly, as regards their application, extracts are used in the diseases of nutrition and the serum and antitoxins in those due to infection.

The doctrine of internal secretion, announced by Brown-Séquard, has been prolific of practical benefit; it has been shown experimentally and clinically that the ductless glands perform a very important office in the economy. They elaborate from and return to the blood a material which is necessary to the maintenance of health. Other glands, which possess ducts for the discharge of their secretions, have been shown, nevertheless, to produce also an internal secretion. In the latter class are the testicles and pancreas. The testicles were the first organs to be utilized in the treatment of disease. When we consider the highly vitalized and specialized character of their secretion we need not be surprised that its loss or suppression should be attended with diminution of the physical and mental force. Brown-Séquard, therefore, conceived the idea that orchitic extract might be of service in arresting failing nutrition of old age. You are all familiar with the incredulity with which this proposition was received. Some who tested the new remedy, however, supported the claims which had been made on its behalf and believed themselves warranted in extending its application. It has been used with advantage in a number of organic diseases of the nervous system, as locomotor ataxia, chorea, and different forms of paralysis. In cardiac debility it has also been of service.

The most brilliant victory was next won by a ductless gland in the treatment of

Digitized by Google

myxœdema. The value of thyroid extract in that previously intractable disease has been so conspicuous that negative criticism has been forestalled. Under the influence of thyroid therapy the skin softens, the mucoid infiltration lessens or disappears, perspiration returns, the mind clears, the strength increases, the temperature rises and the features lose their deformity. Thyroid extract has likewise been of value in relieving cretinism. It has been applied to the management of certain other diseases accompanied by depressed nutrition; but although it has accomplished good in some cases, it has not been so remarkably successful as in myxœdema. It was hoped that we might find in the thyroid gland an efficacious remedy for exopthalmic goitre, but our expectations in that direction have not been realized. The reports have been scarcely favorable to its use in that disease.

The thymus gland has been employed likewise in various disorders of the blood and nervous system, but we are unable to report any decided success from its use. Addison's disease stands in much the same relation to lesions of the suprarenal capsules that myxœdema does to incapacity of the thyroid gland. An extract prepared from the glands has been tentatively used in this disease. Experience is not as yet, perhaps, sufficiently extensive to justify the expression of any categorical opinion. In a number of instances it has been of undoubted efficacy. In some it has increased the strength and relieved the nervous manifestations without exerting any influence upon the pigmentation. In others, it has caused a decrease in the coloration as well as improvement in the subjective symptoms. The truth probably is that suprarenal extract will benefit such cases as are at all susceptible of improvement. When carcinoma or tuberculosis is the cause of suprarenal disease, little can evidently be now expected from any therapeutic measure. Nevertheless, some of the cases of Addison's disease which have been ameliorated by this method have apparently been of tuberculous nature. The prospect for Addison's disease will brighten if the experiments constantly carried on as regards tuberculosis shall be rewarded by distinct success. There are other pathologic alterations to which this disease is sometimes due, and which will probably prove more amenable to the treatment. In conclusion, I would say that in a given case it would certainly be worth while to make a trial of suprarenal therapy.

Extracts obtained from other than glandular organs have been employed in the thought that a more direct nutritive supply to the cells might be possible by this means than by those ordinarily employed. Extracts of brain and spinal cord have seemed, to competent observers, to have a good effect in neurasthenia, locomotor ataxia, progressive motor dystrophy, senile debility, etc. Preparations of cardiac tissue have been injected for asystole, but the most remarkable temporary improvement was in the case of uremia under the care of M. Dieulafoy, and to which nephrine was given. The case, unfortunately, was too far advanced to be benefited by any mode of treatment, but the temporary results were very striking.

Attempts have been made to influence the course of diabetes, more particularly pancreatic diabetes, by using extract of pancreas in such cases. Although this treatment had little or no effect upon the quantity of urine passed, yet it often had a favorable influence upon the patient's general condition. Pulmonary, ovarian and prostatic juices have been made use of in diseases of the coresponding organs. Bone-marrow has given some very excellent results in pernicious anemia.

It is fair to ask whether suggestion does not play an important part in the improvement under such methods. This may, indeed, be a great factor in the case of functional nervous maladies, but pains were taken, in most instances, to eliminate its influence, and in organic disease suggestion would have less effect.

Digitized by Google

We seem now to stand upon the brink of a new era in therapeutics. We look to organic chemistry to furnish us with the active principles of tissues and serums, as it has given us the active principles of vegetable drugs. As the active principles of all plants have not yet been isolated, it need be no wonder that in a new field and dealing with complex animal tissues, this problem, for most substances, remains unsolved. A beginning, however, has been made. The efficacy of orchitic extract depends upon the presence of an organic crystalline substance called spermin, which exists in combination with hydrochloric acid. The active principle of the thyroid gland is believed to be the substance isolated under the name of iodothyrin. In the same way the antitoxins, in so far as they have been discovered, may be looked upon as the active principles of the immunizing or curative serums. Schaefer and Oliver have obtained from the medullary portion of the suprarenal bodies an organic principle which has a powerful action upon the heart, voluntary muscles, and peripheral arteries.

The serums obtained from animals rendered artificially immune contain antitoxins, and have proved of more value than those from animals naturally immune to certain maladies. The typic instance of success in this form of therapy is diphtheria antitoxin. The wonderful reduction in the mortality from diphtheria which this preparation has affected cannot be gainsaid. Every physician should seriously debate in his own mind whether he has done his duty in a case of diphtheria if he has neglected to take advantage of the immunizing and curative properties of diphtheria antitoxin. As diphtheria is such a wide-spread disease, every reason, humanitarian and sanitarian, as well as scientific, should combine to make us welcome this important advance in the treatment.

Though by no means as common as diphtheria, tetanus is a justly dreaded malady. Its terrible manifestations, and the failure of other methods, are in glaring contrast to its improved statistics under an antitoxin treatment.

I shall merely allude to the progress of laboratory and bedside studies with serum therapy in suppurative diseases, leprosy, cholera and the plague. They depend upon similar principles and may require modification as regards many matters of detail, but we may hope that in the end much good will be accomplished by these means. The problem concerning tuberculosis has not yet been solved. Notwithstanding the great and deserved scientific reputation of Professor Koch, his methods have failed to achieve the desired results. Nevertheless, it seems probable that he is working upon correct principles and that success will at length reward his efforts, or if not his own, those of some other observer.

Sanarelli is now complementing his brilliant investigations into the bacteriology of yellow fever by the attempt to treat the disease by means of an immunized serum. Some favorable clinical results have been reported and it is possible that the coming summer may see some experiments on a large scale among American troops on the island of Cuba. It is well known that Surgeon-General Sternberg is personally interested in the subject of the yellow-fever bacillus. Professor Chantemesse has recently read a paper upon the soluble typhoid-fever toxin and antitoxic serum of typhoid fever. In this important communication the author describes his experiments upon animals, and concludes in these words: "Fortified by these experiments, I injected some antitoxic serum into a patient suffering from typhoid fever. The value of this new method of treatment can only be determined by a statistical study and numerous observations. I may say, however, that the serum acted well in an antitoxic manner, diminishing and suppressing the nervous symptoms, lowering the temperature and promoting the recovery."

A few years ago Drs. G. and F. Klemperer endeavored to obtain an immunized serum capable of curing pneumonia. Some en-

Digitized by Google

couraging clinical trials were made, but the serum did not seem to have sufficient strength to be practically useful. Others have labored in the same direction, and it has recently been announced that Professors de Renzi and Pane, of the University of Naples, have devised a method by which large quantities of a powerful serum can be obtained. A series of cases was observed in which very excellent clinical results were obtained in Professor de Renzi's service, and in the New York Medical Journal for May 7, 1898, Dr. Antonio Fanoni, of New York, describes a case in which he made use of this method with success.

As analogous to the antidotal action of antitoxins and serums, may here be very briefly mentioned the antagonistic action sometimes seen between different diseases. Thus, a fever has been known to cause the disappearance of new growths or glycosuria, and impaired eyesight has been improved by an attack of smallpox.

It seems that at this juncture we must look to physiological chemistry for assistance in further progress. With the isolation of the active constituents of the various glands and serums which have been thus far experimentally employed, we should be in a position to administer such remedies with greater precision and greater advantage. The chemistry of bacteriologic products has already given us a number of substances of definite composition. It is now highly desirable that all the organic juices, extracts, and serums should be analyzed, in order that we may be able to estimate the comparative value of their constituents and study their physiologic action. The effect of the animal extracts upon the healthy animal has been the subject of an elaborate series of experiments by Prof. Isaac Ott, of the Medico-Chirurgical College of Philadelphia.

What is next of importance in the study of these extracts is that we should be able to determine the substance or substances upon which their activity depends in precisely the same manner as we have learned that morphine is the active principle of opium, strychnine that of nux vomica, ptyalin of the saliva, pepsin of the gastric juice, pancreatin of the pancreatic secretion, etc. As, however, pancreatin is not the sole digestive ferment of the pancreatic juice, or morphine the sole alkaloid of opium, so, it may be, the complex organic tissues may contain principles having various actions. If these various constituents can be separately prepared and their individual values estimated we may be able to administer them separately or combined, according as they may be indicated. This would constitute a step in advance and would enable us to prescribe the active principles of animal extracts with exactitude, just as we can now, at our discretion, order pilocarpin to represent jaborandi, or caffeine to represent caffea, etc. Another important advantage which would result from the chemical analysis of this class of remedies would be in obtaining standard or uniform products. As it is at present, we have a number of animal products obtained by different discoverers and prepared by different processes and having, perhaps, rival claims to our favor. Have we not reached such a point in the evolution of this subject that analogous preparations can in this way be standardized? It is necessary that the exact degree of the virulence of the toxins and antitoxins of therapeutic serums should be accurately known and should be maintained at a certain fixed standard, and this point was urged at the recent Ninth International Congress of Hygiene and Demography by Professor Behring. It appears that it should now be possible to determine a standard type of serum, especially antidiphtheritic serum, according to which the therapeutic results reported by observers in different countries might be fairly comparable. At the Congress referred to it was decided that a committee of experts should be appointed to consider whether there would be any advantage in having a uniform international

Digitized by Google

standard of strength in the case of antitoxic serums.

The processes by which all these preparations are made should be the common property of the scientific world, just as we have in the United States Pharmacopœia directions for preparing all the official products. Different specimens of any crude drug of vegetable origin will give quite a notably different percentage of the active constituent. No matter what this variation may be, however, we know that when we make use of an alkaloid or glucoside we are dealing with a substance of definite chemic composition, the same under all circumstances and by whomsoever manufactured. Has not the time now arrived when such a work should be begun in reference to glandular extracts and curative serums? We should then appreciate more exactly upon what basis we stood. Finally, those which have been proved of value, as, *e.g.*, iodothyrin, should be made official and adopted into the United States Pharmacopœia, with full instructions regarding the mode of their preparation. The physiologic and therapeutic effects of these active principles of extracts and serums could then be separately determined. Their utility in medical practice could be more justly estimated and this new branch of applied therapeutics be placed on a more scientific foundation.

This, it seems to me, is the line along which future progress is to be made. The entire evolution of the subject under discussion is so recent, it is based upon conceptions so essentially modern, that we need not be surprised if all its promises have not yet been realized. The good which has been accomplished in diphtheria alone is an ample reward for the labor that has been spent in its development and a justification for the hope which is entertained of the success of this method of therapy in other diseases. It is based upon the most modern doctrines concerning bacterial activity, immunity and mode of cure. A powerful trend has for several years been setting in this direction, and the present status is the outcome of numerous independent or collateral lines of investigation.

Immunity is better than cure. If an immunized serum is capable of conferring immunity against a certain infection, it will be very readily comprehended that an immense boon has been conferred upon humanity.

If it be found that this immunity against an infection is not permanent, but lasts only for a certain time, it will be an easy matter to repeat the operation at stated intervals upon a fresh exposure, just as we now hold ourselves prepared to repeat the process of vaccination upon the outbreak of smallpox or after the lapse of a certain number of years. This is, indeed, nothing more than we observe in nature, for although an attack of one of the eruptive fevers generally confers immunity for life, this rule is by no means universal. Other species of infection, as is well known, far from bestowing future immunity, predispose to successive attacks.

Original Communication.

THE THERMOGENIC ACTION OF BETATETRAHYDRONAPHTHYLAMIN.

By Isaac Ott, A.M., M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

The thermogenic properties of this drug were first described by Stern.[1] Dr. W. Hale White has seen a rise of temperature which was 9.9° F. above normal.

It is evident that we have in this body a drug which has a remarkable selective action for the thermogenic centres. In the following experiment we have, in three hours, a rise of temperature to 113.6° F. Now, this enormous rise of temperature can take place either by increased heat-production or by decreased heat-dissipation. Now,

[1] Virchow's Archiv, 1898, D. 14.

Digitized by Google

decreased heat-dissipation would be caused either by diminution of respiratory movements or a vasoconstriction.

EXPERIMENT 1. Rabbit.

Time.		Temperature (Rectal)
10.05 A.M.		104.6° F.
10.08	inj. (subcutaneous) ¼ gtt. betatetrahydronaphthylamin	
10.18		104.8
10.25		104.8
10.35		105.1
10.43		105.2
10.52		105.2
11.00		105.2
11.08		105.2
11.15		105.2
11.33		105.2
11.43		105.2
11.50	inj. ¼ gtt. betatetrahydronaphthylamin	
12.00 M.		105.4
12.10 P.M.		107.0
12.16		107.1
12.20	inj. ¼ gtt. betatetrahydronaphthylamin	
12.25		107.8
12.30		108.0
12.35		108.4
12.40		109.1
12.45		110.0
12.48		110.6
12.55		112.1
1.00		113.3
1.04		113.6
1.08		113.6
1.13		113.4
1.15		113.4
1.18	Rabbit died	
1.20		112.8

That vasoconstriction does not play any great part is shown by the following experiment, where the arterial tension does not rise very much above normal, and the pulse-rate is not increased.

EXPERIMENT 2. Rabbit; etherized; jugular prepared.

Time.		Pulse.	Pressure.
9.31.00 A.M.		73	136
9.31.15	inj. $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	57	116
9.31.30		61	134
9.31.45		68	122
9.32.00		73	124
9.32.15		71	130
9.32.30		73	126
9.32.45		74	126
9.33.00		75	126
9.33.15		73	126
9.33.30		73	128
9.33.45		72	132
9.34.00		74	132
9.34.15		73	134
9.34.30		71	134
9.34.45	inj. $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	68	124
9.35.00		64	140
9.35.15		64	134
9.35.30		71	126
9.35.45		72	122
9.36.00		72	126
9.36.15		71	128
9.36.30		72	130
9.36.45		73	130
9.37.00		70	128
9.37.15	inj. $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	66	122
9.37.30		66	118
9.37.45		70	112
9.38.00		70	120
9.38.15		70	120

EXPERIMENT 3. Rabbit; etherized; jugular prepared.

Time		Pulse	Pressure
10.37.00 A.M.		66	116
10.37.15		66	116
10.37.30	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	48	104

Digitized by Google

10.37.45	54	124
10.38.00	59	128
10.38.15	65	128
10.38.30	67	126
10.38.45	70	128
10.39.00	69	120
10.39.15	69	118
10.39.30	71	118
10.39.45	69	114
10.40.00	69	120
10.40.15	70	120
10.40.30	69	120
10.40.45	71	120
10.41.00	71	118
10.42.00	73	116
10.43.00	74	116
10.44.00	76	118

As to diminished dissipation of heat, the experiment below shows that the drug primarily increases the respiration, and when it falls it is not much below normal. Hence we are forced to the conclusion that this enormous rise of temperature is due neither to vasoconstriction nor to lessened rate of respiration.

EXPERIMENT 4. Rabbit; etherized; jugular prepared and tracheotomy performed.

Time.		Respiration.
10.15.00	A.M.	24
10.15.15	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	39
10.15.30		45
10.15.45		38
10.16.00		25
10.16.15		27
10.16.30		20
10.16.45		19
10.17.00		19
10.17.15		18
10.17.30		16
10.17.45		17
10.18.00		17
10.18.15	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	33
10.18.30		19
10.18.45		19
10.19.00		20
10.19.15		20
10.19.30		18
10.19.45		17
10.20.00		17
10.20.15		17
10.20.45		18
10.21.00		15
10.21.15		16
10.21.30		17
10.21.45	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	26
10.22.00		21
10.22.15		18
10.22.30		17
10.22.45		17
10.23.00		16

The query now arises: How does it ensue? It must be due to an increased thermogenesis.

This increase of heat-production was not due to increased muscular activity, as the rabbits seldom had convulsions, and, while they moved about at times, this muscular exercise was not beyond that normally seen in the animal. These facts drive me to the conclusion that it must act on the thermogenic centre, which I have shown to be seated in the corpus striatum and the tuber cinereum. Prof. Franz von Tangl has also confirmed the observation on the thermogenic centre in the tuber cinereum. If now it acts upon these centres, then removal should prevent any great rise of temperature. As a matter of fact, a transverse section behind the posterior end of the thalami down through the crura to the base will prevent any rise of temperature of any importance. The following experiments substantiate this statement:

EXPERIMENT 5. Rabbit.

Time.		Temperature (Rectal)
11.50	A.M.	103.5° F.
11.51	Rabbit etherized; jugular prepared and transverse section of	

Digitized by Google

	brain posterior to optic thalami down to base; verified post-mortem	
11.56	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.00 M.		100.2
12.04		100.0
12.08		99.9
12.12		99.8
12.18		99.4
12.19	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.25		99.4
12.30		99.8
12.35		99.6
12.40		99.6
12.41	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.45		99.8
12.50		99.4
12.55		99.4

EXPERIMENT 6. Rabbit.

Time.		Temperature (Rectal).
8.30 A.M.		101.5° F.
8.31	Rabbit; etherized; jugular prepared and transverse section of brain through posterior part of optic thalmi down to base; verified post-mortem	
8.40	inj. of $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	101.5
8.50		
8.51	inj. $^1/_{40}$ gtt. betatetrahydronaphthylamin per jugular	
8.52		101.5
8.54	inj. $^1/_{40}$ gtt. betatetrahydronaphthylamin per jugular	
8.55		101.5
8.59		101.5
9.04		101.5
9.05	inj. $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	
9.06	struggle	
9.10		100.5
9.12	struggle	
9.15		100.5
9.16	struggle	
9.18	inj. $^1/_{20}$ gtt. betatetrahydronaphthylamin per jugular	
9.20		99.9
9.21	struggle	
9.25		99.4
9.33		99.0
9.35		99.0

EXPERIMENT 7. Rabbit.

Time.		Temperature (Rectal).
11.40 A.M.		103° F.
11.41	Rabbit; etherized; jugular prepared and transverse section of brain at posterior part of optic thalami down to base; verified post-mortem	
11.50	inj. to gtt. betatetrahydronaphthylamin per jugular	
11.53		103.4
11.55		103.8
12.05 P.M.		103.8
12.08		103.8
12.10	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.13		103.8
12.17		103.8
12.27		103.8
12.32		103.6
12.33	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.37		103.6
12.40		103.4
12.42	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	

Digitized by Google

12.48		103.4
12.55		103.2

That the shock of the section does not prevent a rise by the action of the drug is shown by the experiments below, where part of the thalamus remained. Hence it is neither shock nor the quietude of the animal which prevents a rise of temperature by the drug, but the removal of those important thermogenic centres at the base of the brain;—that is, the corpus striatum and tuber cinereum,—which prevent an increase of thermogenesis.

EXPERIMENT 8. Rabbit.

Time.		Temperature (Rectal).
12.25 P.M.		103.0° F.
12.26	Rabbit; etherized; jugular prepared and transverse sections of brain, posterior third of optic thalmi down to base; verified post-mortem.	
12.29	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.30		103.8
12.34	struggle	104.4
12.36	struggle	
12.38	struggle	104.8
12.42	struggle	105.0
12.45	struggle	105.4
12.50	struggle	105.6
12.55	struggle	105.8
1.00		106.2
1.06	struggle	106.8
1.14	struggle	106.9
1.18	struggle	107.4
1.20	struggle	107.6
1.24	struggle	107.8
1.28	struggle	107.8
1.31	struggle	108.0

EXPERIMENT 9. Rabbit.

Time.		Temperature (Rectal).
12.15 P.M.		103.0° F.
12.15	Rabbit; etherized; jugular prepared and transverse section of brain through posterior third of optic thalami down to base; verified post-mortem	
12.18	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.20		103.6
12.23		103.6
12.24	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
12.28		104.0
12.34		104.4
12.36		104.4
12.40		104.6
12.42		104.8
12.45		104.8
12.48		104.8
12.49	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin	
12.52		104.8
12.55		104.8
1.00		105.0
1.06	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin	
1.13		104.6
1.15		104.0

N. B.—Rabbit struggled about one-fourth of the time of the experiment, due to the section of thalamus.

EXPERIMENT 10. Rabbit.

Time.		Temperature (Rectal).
9.00 A.M.		102.0° F.
9.02	Rabbit etherized; jugular prepared and brain cut by a transverse section at posterior third of optic thalami down to base; verified post-mortem	
9.05	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
9.10		102.6
9.15		102.8

Digitized by Google

9.20		102.8
9.23		102.8
9.24	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
9.28		101.8
9.29	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin per jugular	
9.33		101.4
9.36		101.4
9.40		100.8

EXPERIMENT 11. Rabbit.

Time.		Temperature.
1.10 P.M.		102.6° F.
1.11	Rabbit etherized; jugular prepared and transverse section of brain through anterior third of optic thalami; verified post-mortem	
1.25	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin	
1.30		102.6
1.35		102.5
1.37	inj. of $^1/_{10}$ gtt. betatetrahydronaphthylamin	
1.40		102.4
1.45		102.4
1.46	inj. $^1/_{10}$ gtt. betatetrahydronaphthylamin	
1.50		102.4
1.52	struggle	
1.55		103.0
2.02		103.0
2.03	inj. $^1/_{15}$ gtt. betatetrahydronaphthylamin	
2.06		103.2
2.10		103.2
2.15		103.6
2.20		104.0
2.22	struggle	
2.30		104.0
2.31	struggle	
2.35		104.4
2.45		104.8
2.50		105.0
2.55		105.0
3.00		104.8
3.05		104.5

EXPERIMENT 12. Rabbit.

Time.		Temperature
2.00 P.M.		103.4° F.
2.01	Rabbit etherized; jugular prepared and transverse section of brain through middle optic thalami; verified post-mortem	
2.10	inj. of $^1/_{40}$ gtt. betatetrahydronaphthylamin	
2.12		105.0
2.13	inj. of $^1/_{40}$ gtt. betatetrahydronaphthylamin	
2.15		105.2
2.20		105.5
2.23		105.6
2.25		105.8
2.28		106.4
2.33	rabbit died	106.0

These experiments show clearly that a section through the posterior third of the thalamus will not prevent the drug from stimulating what remains of the tuber cinereum to produce increased thermogenesis. But when the section cuts through behind the posterior edge of the thalami down through the crura, then no rise of temperature of import is seen.

It seems that we have in this drug an agent which has a great selective action for thermogenic centres. Now, if thermogenic centres exist in the pons Varolii or oblong medulla, there is no reason why they should not be thrown into exaggerated activity by this drug. I have made over fifty punctures into the pons and medulla oblongata of rabbits and I have never seen a rise of temperature over a degree or a degree and a half, and this was very fugitive. In fact, there have never been any facts proving that thermogenic centres existed in these bodies

Digitized by Google

except two; that is, pressure either by tumors or extravasations upon the pons, and monstrosities devoid of thalami and corpora striata. As to the pontal pressures causing a rise of temperature, they can be readily explained by the pressure's cutting off the thermo-inhibitory fibres which run through them from the cruciate and sylvian centres of the cortex. As to the monstrosities, no record of temperature was taken to show that they had any heat-regulation, and as they lived only a few days it is probable that they died from want of a heat-regulation apparatus. As is well known, the heat is manufactured in the muscles in great extent; the thermo-inhibitory centres and the thermogenic are only regulating centres to keep it down or fire up the muscle-metabolism as may be necessary to keep the temperature at a fixed normal point. As to spinal thermogenic centres, this drug should rouse them into activity if they existed in a state of much development. But they are silent under the stimulus of a drug which has a very potent influence on thermogenic centres. Further, I have destroyed by a piece of telegraph-wire the spinal cord from the sixth cervical vertebra down to the end of the cord and measured the heat-production, finding it to be about as much as before, and in one case more than normally existed. All these data go to prove that thermogenic centres do not exist in the pons Varolii, medulla oblongata, and spinal cord.

PHYSIOLOGICAL LABORATORY.

Abstracts.

Diffuse Paralysis in Typhoid Fever.

M. G. Etienne has observed a patient who was attacked on the fourth day of convalescence from typhoid fever by an ascending motor paralysis, causing within a few days death from involvement of the medulla oblongata, without sensory or trophic disturbances. It was a true type of Landry's paralysis. A second patient, upon the fifteenth day of convalescence, was seized with terrible pains in the lower limbs, spreading to the upper extremities and trunk. The paralysis was soon complete, and the muscular atrophy extreme, but the power of motion gradually improved and the patient left the hospital cured of his polyneuritis.

A third case was more complex. Upon an ascending paralysis, with disturbed action of the medulla, but which did not prove fatal, there were grafted signs of polyneuritis. Certain movements partially improved, but, notwithstanding all methods of treatment, the loss of power remained apparent.

The toxins of typhoid fever may, therefore, attack by choice the motor cells of the spinal cord, the body of the peripheral neurone, either upon its axis-cylinder prolongation or the spinal motor cell, and may react upon the prolongation of the latter. These cases explain the divergences found in the histo-pathological investigations of most of the cases hitherto studied. Although, from the point of view of general pathology, there exists a unity between the types, the same toxin may act upon the parts of the same apparatus,—the peripheral neurone,—it is advantageous, from the clinical point of view, to maintain the symptomatic differentiation.—La Tribune Médicale.

Deafness in Locomotor Ataxia.

Dr. A. A. Lerner reports the case of a patient, 50 years of age, without inherited tendencies, who was attacked in September of 1897 by the first symptoms of locomotor ataxia. Six or seven months later there appeared auditory troubles. For five or six days the man was troubled by buzzing sounds, which, however, did not disturb the sense of audition. It even seemed to him that during those days his hearing was sharpened. At this time he had also several attacks of vertigo. He then became suddenly deaf. He could hear well when spoken to in a loud voice, but could not distinguish what was said. The deafness was preceded

Digitized by Google

by neither pain nor fever. The patient had taken neither quinine nor salicylate, and he denied ever having syphilis.

The test of hearing revealed the following conditions:

There was complete deafness upon both sides for the watch and the voice; the perception of high tones had disappeared, while that of low tones was preserved; Weber, non-lateralized; Rinne, positive upon both sides, with diminution of the conductibility of the bones of the skull. The duration of the osseous perception varied from seven to eight seconds upon both sides.

The buzzing and the vertigo persisted. The patient suffered, from time to time, violent pain in the ears, and this lasted for several hours. The drum membranes were intact.

The abrupt beginning of deafness in a person who until that time had had perfectly normal hearing, in the course of a definitive tabes, the absence of pain and fever, the degree of the deafness, the lack of hysterical and neurasthenic manifestations, of cardiac troubles, etc., warranted the writer in excluding as its cause such affections as acute primary inflammation of the labyrinth, hysterical or neurasthenic deafness, loss of hearing from embolism of the internal auditory artery, acute otitis media occurring in the course of locomotor ataxia, etc. The case was, therefore, one of tabetic deafness, that is, a deafness which may be regarded as a local manifestation of a general malady. The anatomical basis of that deafness certainly resides in a lesion of a nervous centre. It is, however, to be determined whether the lesion affects the bulbar nuclei of the auditory apparatus or the nerve itself.

The prognosis of tabetic deafness is scarcely favorable. The writer obtained a temporary disappearance of the subjective sounds by the application of currents of weak intensity. As to the hearing itself he could not effect the least improvement by electricity, catheterism, the use of iodine, etc. The auditory nerve responded to the galvanic current of 14 milliampères by a sensation which the patient compared to the sound of steam.—Revue Hebdomadaire de Laryngologie, etc.

Hyperæsthesia of the Stomach.

Under the above title A. Pick designates a condition in which the gastric mucous membrane exhibits an exaggerated irritability to the influence of chemical, mechanical, or thermic excitants, without any alteration of structure which might account for the abnormal sensibility. The characteristic of this condition is that when the stomach is empty it is not the seat of any pain. The trouble depends directly upon the indigestion of food. Hyperæsthesia of the stomach is not an attenuated degree of gastralgia. From its nature one might compare it to cutaneous hyperæsthesia. It may be related to all the varieties of sensibility of the mucous membrane or to certain ones only, as, for example, to the sensation produced by cold foods. The hyperæsthesia to heat is very often accompanied by a sensibility to mechanical irritations which may be present, as the indigestion of solid foods or of liquids gives rise to pain which may produce vomiting.

A third form of hyperæsthesia is due to chemical agents, and notably to acids. A special form, dependent upon hydrochloric acid, has been recognized. In the last variety all the clinical symptoms of hyperchlorhydria are found, while direct examination of fluid from the stomach shows a normal acidity. It is not rare to meet with a hyperæsthesia excited by fatty acids.

In the etiology of gastric hyperæsthesia the following factors are often found: chronic disorders of the stomach, emotional disturbances, chlorosis, neuroses, convivial excesses, etc.

The principal symptoms of this affection are: pains, eructations, pyrosis, and vomiting. The pain appears as soon as the indigestion of food begins, and ceases when vomiting takes place. It is likewise relieved by

Digitized by Google

the ingestion of alkalies, and sometimes by faradization of the stomach. The pyrosis is sometimes a sensation localized in the stomach, and again a pain in the form of a contracture seated in the stomach or œsophagus. The feature of the vomiting is that liquids rather than solids are ejected. The composition of the vomited matter is variable and the chemistry of digestion is most often normal.

The diagnosis is based particularly upon the normal character of the material vomited. It is to be remarked, that liquids produce at least as much pain as solid food. The differential diagnosis is to be made especially between simple ulcer of the stomach.

In the treatment, recourse must be had to all the agents of efficacy in the treatment of general neuroses: hydrotherapy, a diet regulated in accordance with the symptoms, faradization with a large electrode upon the stomach and another upon the side, the passage of an intense ascending current of several minutes' duration, and in some cases the gastric douche. Psychic methods, especially suggestion, may also be employed. Pharmaceutical remedies play a secondary part. Menthol or small doses of cocaine may be used. The sensation of burning may be alleviated by the use of alkalies and in particular by calcined magnesia.—Le Bulletin Médical.

Carcinoma of the Larynx.

Dr. Chiari, of Vienna, has published a paper bearing the above title and based upon a large number of personal cases. He advises that in every case of suspicious or doubtful tumor we should not hesitate to excise a small fragment for the purpose of microscopical examination. From this procedure alone can reliable data be obtained. It is not enough to be satisfied with a single examination, and hastily conclude that a growth is benign because a first or second search gave negative results.

In the differential diagnosis of carcinoma of the larynx the author distinguishes it from papillomata, pachyderma, tuberculosis and syphilis of that organ. After pointing out the distinctive features of these maladies the author gives the following as his conclusions regarding treatment:

1. The endolaryngeal method should be reserved for exploratory incisions and the extirpation of small tumors, of slightly marked malignancy and seated upon the vocal cords. It is necessary, however, that the patient should be watched as closely as possible in order to be prepared in the event of recurrence. Radical extirpation is rarely done by the endolaryngeal method.

2. In carcinoma of the vocal cords or ventricular bands, laryngo-fissure, with extirpation of the soft parts only, should be considered as the method of choice.

3. In carcinoma of other parts of the larynx, with or without participation of the vocal cords, there can only be a question of the partial or total excision of the larynx. The first gives a better functional result, the second a greater number of recoveries without recurrence. On the other hand, death is more frequent after total than after partial extirpation. In a general way, preference should be given to partial removal whenever there is ground for hope that a radical result can be thus obtained.

4. Before declaring a cancer of the larynx inoperable, we must be convinced that even the most extensive operation will not be able to remove all the diseased tissue. It is necessary, in fact, to estimate the degree of resistance of the patient, and to foresee all the consequences of intervention in relation to the power of speech.

The author appends to his paper a table giving the results in twelve cases of cancer of the larynx upon which he had operated. —Revue Hebdomadaire de Laryngologie, etc.

The Endolaryngeal Treatment of Carcinoma of the Larynx.

Upon this question Dr. Noltenius contributes an article, giving the history of a

Digitized by Google

case. The patient was a man, 59 years of age, who presented himself on account of a hoarseness from which he had suffered for more than a year. Upon examination a polyp was seen occupying the border of the right vocal cord, a little in front of the vocal apophysis. The cord was perfectly mobile and the growth had every aspect of a benign polyp. It was removed by means of Schroetter's forceps and its point of attachment touched by the galvanocautery. The man remained in good health for upward of a year, when he returned with the same symptoms as at first. At this time, however, the polyp being attached to the lower surface of the same cord, it was destroyed by the galvanocautery.

Ten months later the patient came back with another recurrence. Upon this occasion the growth had a more suspicious appearance. It was no longer smooth and clearly defined, but rather diffuse and of an irregular surface. A microscopic examination showed it to be of cancerous nature.

Being under the influence of a recent work by Fraenkel upon the endolaryngeal treatment of malignant growths, the author decided to employ that procedure in his case. The tumor was extirpated in two sittings by means of Landgraf's curette. Everything went well, the immediate hæmorrhage was not serious, but half an hour after the second operation the writer was summoned in great haste to the patient, whom he found in an alarming condition. He was bringing up considerable quantities of clotted blood, and from some distance there could be heard rales, due to an accumulation of blood in the trachea. Hæmorrhage had evidently taken place consecutive with the operation, cocainization having favored the flow and the accumulation of blood in the trachea without provoking the reflex cough which would have aided in its expulsion. Ice was used internally and externally, and finally tracheotomy was performed. The most careful inspection failed to show a divided vessel. The trachea was tamponed above the cannula. For several days matters went well, when suddenly the condition grew worse and the patient died before he could utter a word.

Examination of the larynx after death showed the hæmorrhage to have been capillary, and also—an important fact—the tumor had been removed in its totality.—Revue Hebdomadaire de Laryngologie, etc.

A Case of Simultaneous Neuralgia of the Auditory, Trigeminal, and Facial Nerves.

Hammerschlag reports the case of a man, 32 years of age, who, four days after a forced march of four hours, during which he had breathed heavily and his right side was exposed to the wind, was seized with vertigo, nausea, fever and consecutive complete right facial paralysis and intense buzzing in the right ear.

Upon examination there were found, besides complete paralysis of the three branches of the facial, a herpetic eruption upon the right ear, a diminution of the auditory acuity upon the right side, with entire disappearance of osseous conductibility for a watch and reduction of osseous perception of the diapason. The gait was uncertain, the patient with difficulty held himself upright with both eyes closed, and the lacrymal secretion was diminished upon the right side. The examination of the sense of smell gave a negative result, and the patient complained of complete absence of the sensation of taste upon the anterior two-thirds of the tongue. On the other hand, there existed a subjective change of taste upon the whole right half of the tongue, an objective hypersensitiveness of the mucous membrane of the right cheek, and a swelling of the upper and lower gums of the right side. The sensory disorders disappeared rather quickly, the herpes vanished, and audition improved considerably during the stay of the patient in the hospital.

The facial paralysis, on the contrary, underwent no change. As the influence of cold was the only cause within the patient's

Digitized by Google

knowledge, it must be admitted that the case was one of rheumatic neuritis of the three nerves in question.—Revue Hebdomadaire de Laryngologie, etc.

Remote Results of the Surgical Treatment of Epilepsy.

At the Ninth Congress of Alienists and Neurologists, M. Bourneville called attention to the above subject, and to the mode and rapidity of the reossification of the openings made in the bone. It is necessary, in the first place, to study the march of the disease and the intellectual condition before operation. We must also remark the circumstances accompanying the intervention, such as hæmorrhage, etc., and, finally, report the results observed, not some weeks after craniectomy or trephining, but at the end of one or more years.

The speaker appealed to all surgeons to give the results of their experience. He had been able to follow six epileptics who had been operated upon by different surgeons, and in whose cases intervention had taken place four, ten, three, five, and four years previously, and in one case five months. In all the carefully noted cases, attacks had persisted with as much frequency as before the operation. In all there remained the same, or an aggravated, condition, showing the inutility of the surgical treatment.—La Tribune Médicale.

Melanoderma in Epilepsy.

At the Ninth Congress of Alienists and Neurologists, M. Lannois, of Lyons, related the histories of five epileptics who presented an absolutely identical melanoderma. Féré had already published an account of a similar case. In all the patients the discoloration was constituted by small round spots, from the size of a pin point to that of a lentil, sometimes confluent, of a white or pale yellow color, the circumference of which was dark brown or nearly black. This abnormal coloration occupied the frunk from the root of the neck to the groin. It was most abundant in the axilla and around the waist, sparing the face and limbs. M. Lannois reviews the various theories which may explain this pigmentation, comparable to similar discolorations which are observed in certain neuroses, as exophthalmic goitre and alienation, and is disposed to consider it as a trophic disorder, in the production of which the influence of the sympathetic may come into play.—La Médecine Moderne.

Therapeutic Notes.

Alterative and Antirheumatic.

Dr. W. F. Ball, of Mantua Station, O., sends to the Medical Summary the following formulæ which he has sufficiently tested. A valuable alterative compound in all cases where such a preparation is indicated:—

℞ Fld. ext. stillingia, ℥j.
Fld. ext. turkey-corn, ℥ss.
Yellow dock, ℥ss.
Burdock-seed, ℥ss.
Iodid. potass., ℥j.
Syr. simp., q. s. Oj.

M. Sig.: Teaspoonful after meals.

Special indication of the following is in rheumatism with a deep-red tongue:—

℞ Fld. ext. cimicifuga (green root) ℥ij.
Fld. ext. colchicum-seed, ℥ij.
Potass. acetate, ℥ss.
Syr. simp., q. s. ℥iv

M. Sig.: Teaspoonful every three or four hours.

For rheumatism with a pale mucous membrane and white coating:—

℞ Fld. ext. cimicifuga, ℥ij.
Fld. ext. colchicum-seed, ℥j.
Sodii salicyl, ℥ij.
Aqua, ℥ij.
Syr. simp., q. s. ℥iv.

M. Sig.: Teaspoonful every three or four hours.

Digitized by Google

Creasote in Ozæna.

Ferreri uses two solutions, a strong and a weak one, as follows:—

Strong Solution.

℞ Creasote,
Glycerin, of each, equal parts.—M.

Weak Solution.

℞ Creasote, 75 grains.
Alcohol at 70°, 150 grains.
Glycerin, 600 grains.—M.

According to the severity of the complaint, he makes applications of one or other of these solutions every day or on alternate days. When indicated, he completes the treatment by the galvanocautery.—New York Medical Journal.

Typhoid Fever.

Dr. J. Sanderson Christison writes to the Journal of the American Medical Association that to control hæmorrhage he has adopted the following prescription, which is only modified to meet the factors of the personal equation:—

℞ Spt. terebinth. rect., ℥j.
Spt. Juniper, ℥ss.
Fld. ex. hamamelis, ℥ij.
P. acacia, ℥iss.
Aqua, q. s. ad ℥vj.

M. Sig.: Dessertspoonful every four hours while awake.

New Hæmostatic.

The *Comelina tuberosa* was prized by the Aztecs for its remarkable hæmostatic properties, and the Mexican physicians have recently rescued it from the oblivion of ages. They find that it arrests epistaxis immediately, even in severe cases of traumatism, purpura hæmorrhagica, etc. — Journal American Medical Association.

Horse-chestnut for Thread-worms.

Bertrand relates how by accident he seems to have stumbled upon a new remedy for oxyuris vermicularis. It is concentrated tincture or fluid extract of fresh horse-chestnut. He gave, to his one patient, 10 drops twice a day. He advises trials and also suggests enemata of the decoction.—Western Druggist.

Local Use of Codliver-oil.

Dr. A. Bethune Patterson, of Atlanta, Ga., writes to the Atlanta Medical and Surgical Journal concerning the value of codliver-oil in eye and laryngeal troubles. To a child suffering from corneal ulcers he gave:—

℞ Hydrarg chl. mit., gr. j.
Santonin, gr. ss.
Sugar of milk, q. s. to make one powder.

To be given at bed-time, and repeat if necessary next morning.

Also

℞ Pure codliver-oil, sterilized, ℥j.
Atropine, gr. j.

M. Sig.: Drop in eyes every three or four hours, and to be bathed frequently with antiseptic lotion of boric acid. Emulsion of codliver-oil in teaspoonful doses three or four times a day.

In a child suffering from phlyctenular ophthalmia good results followed the use of hydrarg. chl. mit. and santonin, ½-grain doses night and morning until bowels are freely moved, together with:—

℞ Atropine, gr. j.
Fluid ext. hydrastin, min. x.
Glycerin, min. xx.
Aqua, ℥j.

M. Sig.: Drop in eyes three or four times a day. Teaspoonful doses of emulsion of codliver-oil three times a day.

Chronic Urethritis.

In a paper on "Specific Urethritis in the Male," Dr. F. C. Taylor, of Cleveland, O., says in the Cleveland Journal of Medicine:

Digitized by Google

"When there is a lack of tone in the canal, as is often the case in chronic urethritis, I have obtained good results from a solution each quart of which contains:—

℞ Ext. hydrastis, gr j.
Acid tannic, gr. ij.
Zinc sulphate, gr. vij.
Alumen, gr. viij.
Acid boric, gr. viij.

"Double the strength if necessary."

Burns.

Walton, of Ghent, has used the following ointment in the treatment of burns:—

℞ Aristol, 1 part.
Sterilized olive-oil, 2 parts,
Vaselin, 8 parts.—M.

Around the edges of the burns, after the ointment is spread, he dusts the aristol in powder form. In burns of small extent he employs the powder form only. Nolda employs the following:—

℞ Europhen, 1 part.
Vaselin,
Lanolin, of each, 10 parts.—M.
—Therapeutic Gazette.

Vichy-Celestins.

The Medical Record of May 14th mentions, under the name of Dr. James Tyson, a case of uric-acid diathesis which was cured by the use of Vichy-Celestins.

Liniment for Joint-pain.

Dr. Thomas H. Manley, of New York, says, in the Southern Medical Record:—

"As a liniment nothing excels for these cases the following, first employed in this country by myself. It sometimes seems to almost work wonders:—

℞ Acidi salicylici, ʒivss.
Tr. opii, ʒiij.
Spt. vini rect. dil,, ℥ ij.
Ol. terebinthinæ, ʒj.
Ol. dulcis, q. s. ad ʒviij.

M. Sig.: Liniment.

"We must eliminate the opium tincture in growing children. It may be applied by inunction or by saturated flannels. The hand must be well oiled which is to rub it in."

Bronchitis.

For slight bronchitis among the soldiers at Chickamauga Dr. Edward Martin says, in the Therapeutic Gazette, that he found the following effectual:—

℞ Terebene,
Oil of eucalyptus, of each, ʒj.
Syrup of yerba santa, ℥j.

M. Sig.: One teaspoonful every two or three hours.

Locomotor Ataxia.

In the Pennsylvania Medical Journal Dr. F. Savary Pearce, of Philadelphia, says:—

"The use of a stimulating liniment rubbed well over the surface of the body has proved also of great value in hastening circulation, so deficient in this class of patients. The following prescription has done well in our hands:—

℞ Ammonii chloridi, ʒiij.
Glycerini, f℥j.
Tincturæ capsici, f℥ss.
Aquæ menthæ piperitæ, q. s. ad f℥xij.

"Sig.: Rub well into limbs daily, with massage."

Local Anæsthetics.

Dr. Lawrence Turnbull, of Philadelphia, says that "the combination of the two local anæsthetics has been found very satisfactory, viz.:—

℞ Cocaine hydrochlorate,
Eucaine hydrochlorate, of each, 3 grains.
Distilled water, 5 fluidrachms.

"Use for local application, or for hypodermic injection from 5 to 10 drops.

"Solution to be boiled.

"The dose and concentration of solution

Digitized by Google

should be about the same as that of cocaine, but eucaine is a little more stable. It can be sterilized without injuring its anæsthetic properties. The pulse with eucaine is always decreased in frequency; with cocaine there is primary acceleration. It can be used in the form of an ointment in the ear and nose in the same proportion as cocaine for the relief of pain before operation. In acute uvulitis, tonsillitis, and pharyngitis a solution of from 10 to 15 per cent. in alcohol may be painted over the part, which will relieve the pain, swelling of the inflamed surface, and often do away with the necessity of surgical aid. When an operation is required for the removal of the uvula or tonsils it will be found a valuable local anæsthetic. The value of the use of eucaine in the extraction of diseased teeth, etc., I can confirm by original observations in its favor in 1896."

Epilepsy.

The Medical Herald quotes the following prescription:—

℞ Sodium bromide, ʒiij.
Sodium bicarbonate, ʒss.
Tr. of physostigma, ʒi¼-iss.
Water, ʒviss.
Saccharin, gr. iij.

Dose: Mornings and evenings a tablespoonful, diluted with water; after four days, stop for three days, then commence again.

Dioscorine.

One of the most poisonous species is "Dioscorea hirsuta," known in Java under the name of *gadocug*. From this, in 1894, Boorsma isolated an impure alkaloid, which has recently been obtained pure and investigated pharmacologically by Pflugge and Schutte. The alkaloid is a crystalline body, melting at 43.5° C., and is a monacid base. Its formula is $C_{13}H_{19}NO_2$. It gives definite color-reactions with the usual reagents, and these, together with the melting-point, the crystalline form of the picrate, etc., can be used in its identification in toxicological cases.

Pharmacologically it belongs to the picrotoxin group of poisons. After subcutaneous administration it produces violent convulsions in all the animals (perch, frogs, mice, guinea-pigs, and rabbits) investigated, followed, after a variable time, by paralysis. It has no effect on the peripheral-nerve terminations or muscles, and is without influence on bacteria and the coloring matter of the blood.

The treatment of dioscorine poisoning suggested is similar to that of strychnine or picrotoxin. Wash out the stomach and administer chloral-hydrate and potassium bromide, and during the tetanic paroxysms induce chloroform anæsthesia.—American Medical-Surgical Bulletin.

Benzosol in Diabetes.

Dr. N. B. Aspinwall, of Plymouth, Ind., in a paper read before the Marshall County Physicians' Association, describes three cases of diabetes mellitus treated with benzosol, claiming most excellent results. He concludes that, in addition, as an antidiabetic regimen, he would certainly recommend a trial of benzosol in every case of this disease, especially in view of the results obtained in the cases of the three patients mentioned. The benzosol was given in doses of 5 grains every four hours while awake.

Xeroform.

Dr. Ehrmann, of Vienna, has used Xeroform in his clinic for more than a year, treating 178 patients with it externally and 45 internally. The external cases included superficial diseases, clean, incised and operative wounds, suppurations, and necroses of the skin. In all these cases it had a very beneficial action, but was particularly valuable in balanitis and moist eczema. Given internally, xeroform has no unpleasant taste and causes no eructations. In the dose

Digitized by Google

of 7½ grains two to four times a day xeroform has a favorable action in anal eczema, urticaria, and other diseases of the skin accompanied by increased decomposition of the intestinal contents.

Recto-Vaginal Fistula and Rectal Ulcers.

"Miss W., aged 34, said the fistula had been operated on no less than six times; three times *per vaginam* and twice per rectum; but no line of union had yet been obtained. Examination revealed an opening the size of a quarter dollar, with edges ulcerated and very sensitive, causing great pain at every defecation, and passing a large part of the fæces into the vagina, which it was necessary to douche out on each occasion. Complicating this condition were found five points of ulceration: three anterior and two lateral. I had her put to bed, regulating secretions, and putting her on bovinin treatment of a wineglassful in old port-wine every three hours; also, a teaspoonful of glycozone in water half an hour after each meal. Patient began to pick up immediately, and fifteen days later, her condition being favorable, I performed the following operation: After thorough depuration of the vagina with bovinin-peroxide reaction and Thiersch irrigation, the rectum was fully dilated, the edges of the fistula were freshened by careful dissection of margin; it was depurated with peroxide on bovinin, and a tampon was inserted well up in the rectum, to prevent fæces coming down on the site of operation. The vagina was thoroughly dilated in turn, the vaginal edges of fistula were freshened, as had been done at its rectal extremity, and the surfaces also treated with the bovinin-peroxide reaction. I now used continuous kangaroo-tendon sutures, going only through the submucous coat, but bringing the vaginal edges of the fistula into close apposition. The vagina was next cleansed with Thiersch, an iodoform-bovinin tampon was inserted, and the speculum removed. The rectum was now dilated again, and continuous-silk sutures were employed to close up the rectal end of the fistula. The tampon, which had been previously inserted, was removed, the rectum washed out with Thiersch, and the points of ulceration were touched up with 25-per-cent. pyrozone. A strip of bisterilized gauze saturated with iodoform-bovinin was gently packed in, and the speculum removed."

Abstract of a case reported from the Sound View Hospital, Stamford, Conn.

Painless Arsenic Paste.

Badal renders Czerny and Truneck's arsenic treatment of cancer painless by adding orthoform as an anodyne, according to this formula:—

℞ Arsenic, 1 gramme.
Orthoform, 1 gramme.
Alcohol, 75 grammes.
Water, 75 grammes.

If a stronger paste is desired the amount of the menstruum may be reduced one-half.

—Medical Standard.

Acute Follicular Tonsillitis.

Dr. E. Fletcher Ingals, of Chicago, recommends the application to the inflamed tonsil of a 50-per-cent. solution of guaiacol in oil of sweet almonds. Internally:—

℞ Potass. bromide, gr. lxxx.
Sod. salicyl., ʒj.
Tr. opii deodor., 3j.
Cascara cordial, ad ℥j.

M. Sig.: Teaspoonful every four hours in water.—Chicago Clinical Review.

For Headache and Nervous Irritability.

℞ Kryofin, gr. viij.
Caffeine citrate, gr. x.
Natr. bromide, gr. xv.
M. ft. in pulv. No. viii.

Sig.: Take one powder every two hours. —Ex.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Nov., 1898.

RECENT ADVANCES IN SCIENCE AND THEIR BEARINGS ON MEDICINE AND SURGERY.

THE above is the title of a valuable address delivered upon an interesting occasion. The second Huxley Lecture was given at the Charing Cross Hospital Medical School on October 3d, by Professor Rudolf Virchow, of Berlin. As implied by its name, the Lectureship was founded in honor of the late Professor Huxley, who was an Alumnus of the Charing Cross Hospital Medical School. No living man is better qualified to speak on such a theme than the veteran German scientist who has done so much and in so many fields to advance the progress of Biological knowledge.

As an introductory the speaker paid a hearty tribute to the importance of Huxley's work. When the latter began his work the distinctly modern era in science was but just beginning to feel that wonderful impulse which has led to such great results. The correlation of the branches of science which have to do with the study of physical life has immensely broadened and modified our conceptions of life. This is the first thought which Professor Virchow takes up for discussion. After the overthrow of the doctrine of a special vital force there yet remains the necessity for a single basis of all vital manifestations. Man and the higher animals and plants cannot be looked upon as unitary, simple beings, but, on the contrary, must be regarded as an aggregation of many units. The life possessed by higher organisms is not, according to the speaker, a single one, and can only be intelligible when we consider it in relation to the life of their constituent parts. Each of these parts has its own special life. The life of an organ is naught else than the sum of the lives of the single cells of which it is composed, and the life of the whole organism is not an individual but a collective function. When a collective being is analyzed the cells must be regarded as the factors of existence. It would, however, be difficult to arrive at a clear conception did we not meet with single, free, living cells in Nature.

In the study of unicellular plants and animals, botanists and zoölogists have become the teachers of physiologists and pathologists. Every organism, like every organ and tissue, provided it is alive, contains cells. These cells are composed of organic chemical substances, which are not themselves alive, but the mechanical arrangement of which determines the direction and power of their activity. The development of staining fluids has rendered it possible to distinguish by the eye between living and non-living parts of a tissue or organism.

Applying his conception of cell-life to pathological processes, the speaker decides that there is no necessity to hold on to the arbitrary doctrine of a plastic exudation. A plastic exudation is simply amorphous, and whatever cells it may contain have had their origin in other parts. The occurrence of every pathological new formation presupposes a tissue from which its cells arise as from a matrix. Proliferation is an active property of special cells. "Once tissues have arisen each cell of a matricial tissue may, in respect of proliferation, be compared to an ovum; it brings forth a new progeny from which new tissue grows. This tissue bears, as a rule, the stamp of its matrix—it is built on the maternal type."

Such considerations account for the development of neoplasms and heterotopias. Even in fœtal life smaller or greater rudimentary fragments can be separated from

Digitized by Google

what may be called their natural places of abode and removed to other spots where they may find a new home and can experience all the further changes which are dependent upon their nature. In this manner the occurrence of dermoid and dentigerous cysts can be explained. The wanderings of particles of the thyroid and suprarenal glands also depend upon the same principle. Nevertheless, Professor Virchow does not apply these observations to explain tumor-formation in general. Transplanted tissue has no fresh properties beyond those of the mother-tissue from which it is separated.

The orator next turned to a consideration of the modern idea of parasitism, especially as connected with the causation of infectious and contagious diseases. He alluded to the importance of results of the study of the malarial protozoa, although we are still ignorant concerning the life history of that organism. He traces the progress of discovery from the time when Brauell first recognized the anthrax bacillus until to-day, when the material causes of a number of infections have been demonstrated. He fails not to remind us that the parasitic contagium of some of the chief of this great class of disorders still remain unknown. In syphilis, variola, hydrophobia, and other infections, the exciting cause has as yet escaped recognition.

An interesting question relates to the mode of action of bacteria. They possess a double influence upon the parts and system. They injure the tissues by the consumption of important material which they obtain from the tissues, and they produce new substances which enter the circulation and some of which are eminently poisonous.

In the final part of his address, Professor Virchow alluded to the subjects of immunity, artificial immunization, and serum therapy. The secret of immunity is not yet revealed, though everything points to the view that immunity is based upon the condition of the cells and their juices. As regards serum-therapy, he believes that we are not in a position to pass a final verdict, but must wait till further experience has been gained.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY.

"THE dread arbitrament of war." This is a significant phrase. The peril to the soldier is not all, nor even chiefly, upon the field of battle. Disease thins the ranks more than the enemy's fire. To medical men this is a truism, but to a large part of the laity the mortality of troops in camp always causes a shock of painful surprise. This has been emphatically the case in our recent short conflict. Public opinion demanded a victim. Who should better serve this purpose than the Surgeon-General? Other branches of the service have also been fiercely criticised. Those departments can speak in their own behalf. We, as physicians, naturally feel the keenest interest in those criticisms or charges which have been leveled at the Medical Department of the Army. Accusations of inefficiency and neglect, in fact, are peculiarly galling to physicians, since they have the same humanitarian and patriotic sentiments as their fellow-citizens, while they are, in addition, charged with the responsibility for the proper care of the troops. It is extremely rare to find a medical officer neglect his duties from carelessness or love of his ease. The records of every war waged by civilized races prove the truth of this assertion. It is futile to attempt to convince members of the medical profession that the accomplished chief of the Medical Department has failed in the performance of his duty at a juncture when unusual efforts were necessary. Whatever may be the outcome of the inquiries of the Commission which recently began its sittings, we venture to predict that no serious or culpable fault will be found in the management of the Medical Department. Surgeon-General Sternberg is familiar with every grade of the service, is a veteran of the Civil War, has campaigned against the Indians, and, finally, has admin-

Digitized by Google

istered the affairs of the Department as its executive head. At the outbreak of hostilities he was called upon to provide for the needs of an army rapidly expanded to ten times its original size. When all the records of the last few months shall have been brought to light it will be found that provision had been made for all the known contingencies of warfare. Ample quantities of medical stores and surgical appliances were purchased. We know that in some instances these stores did not receive timely transportation, and that in some cases these necessaries were left behind or were carried to Cuba and back again without ever having been unpacked.

It is not, however, upon the medical authorities that such facts reflect. Here we find a difficulty which accounts for much of the delay and disorder of which complaint has been made. The service should be reorganized in such a manner that the Medical Department has control of its own means of transportation. The General in command of an expedition must have supreme authority in all that regards its efficiency as a fighting force. In order, however, to be an efficient fighting force the health of the soldiers must be properly guarded. An urgent military necessity confronted our army at Santiago. Rapid action was essential to success. But the medical authorities cannot in justice receive blame for the omission to take the reserve supplies from Tampa, for the delays and difficulties in landing stores, for the loss of lighters and the roughness of the sea.

Sympathetic hearts were naturally shocked at the large number of cases of disease which arose in the camps at home among Volunteers who had never faced the dangers of the field. Commiseration for the undoubted and severe sufferings of these men is shared by every physician in the land. Our medical officers have toiled heroically to improve the conditions and alleviate the hardships of disease. Yet we must acknowledge that the sudden assembling of large bodies of men in situations where there had been no previous preparations for their needs was very apt to prove detrimental to health and provocative of disease through lack of drainage and contamination of the water.

The rules laid down for the police and sanitation of camps were apparently not rigidly enforced. In such matters soldiers must be governed. Carelessness on the part of the men themselves also played a part in the production of disease. All these and numerous other points must be borne in mind when endeavoring to form an impartial judgment. Those who had seen service in the Civil War generally concur in the opinion that the hardships were not in excess of those which must be expected by the soldier. There should, of course, be no unnecessary exposure. Preventable illness should be reduced to a minimum.

These reflections occur to us at this time because the subject interests us both as citizens and physicians. We are confident that the administration of the Surgeon-General's office will be found and publicly acknowledged to be efficient, and that whatever has appeared faulty in the conditions of the men will be traced to causes over which that officer had no control.

Medical News and Miscellany.

Case of Recurrent Headache. — W. Scheppegrell reports the case of a patient who, after suffering three weeks with a severe and intractable headache, accidentally fell downstairs, striking her head with such force as to render her unconscious for a few minutes. The fall was immediately followed by a discharge, from the right nostril, of a quantity of yellow, watery fluid. As soon as consciousness returned the patient discovered that the headache had entirely disappeared. Subsequently, at intervals of a few days to a few weeks, the headaches returned, each recurrence terminating after two to four days in the discharge of about

Digitized by Google

an ounce of fluid from the nose. The sphenoid cavity, the ethmoid cells, the frontal sinus and the antrum of Highmore were investigated with negative results. After discussing the discharge of fluid from the subarachnoid space and referring to cases reported, the author concludes that in this case the fluid comes from a cyst connected with the lymphatic circulation, situated between the frontal lobes, probably caused by occlusion of perivascular lymphatics and discharging at intervals through the foramen cæcum.—Laryngoscope.

Twenty Stories About Mark Twain.—Mark Twain is the next famous person to be "anecdotalized" by The Ladies' Home Journal, and the humorist's closest friends have sent to the magazine for its next number some twenty odd stories about him, none of which have ever been printed. They are, of course, of the droll sort, but not more funny than the "snap-shot" pictures of Mark which his friends have also loaned the magazine. These, too, have never been printed.

When They Write the President.—The State Department has given over to The Ladies' Home Journal for publication its "Royal Letters" addressed to the President of the United States by Napoleon I, Queen Victoria, the Prince of Wales, Napoleon III, and Emperor William I, of Germany. Napoleon announces such events as his marriage to Marie Louise; the birth of his son, the King of Rome; his return to the throne of France from Elba; Victoria announces her accession to the throne of England in 1836; her marriage to Prince Albert; the birth of the Prince of Wales; the death of the Prince Consort; and the famous letter thanking President McKinley for his congratulations on her Diamond Jubilee will also be given. The whole collection, in *facsimile*, were presented in the October number of the magazine.

Orchitis or Epididymitis as a Complication or Sequel of Typhoid Fever.—In the Philadelphia Medical Journal, Dr. Augustus A. Eshner reports a case, and as a result of his study makes the following summary: "Orchitis or epididymitis, or both, constitute a rather rare complication or sequel of typhoid fever, setting in usually during convalescence, involving one or the other side, lasting in general a week or ten days, and, as a rule, terminating in resolution, although secondary atrophy of the affected organ or organs is not uncommon, while suppuration and destruction occasionally take place. The occurrence of the complication bears no relation to the severity of the primary disease, and it is most common at the period of greatest prevalence of typhoid fever. It is, in most cases, dependent upon infection through the blood with typhoid bacilli, although the possibility of infection by continuity through the urethra with typhoid bacilli or other micro-organisms cannot be entirely excluded. The testicle is usually affected first, and often alone; less commonly the epididymis is affected first or alone."

The Fellowship of the Royal Society.—The names of two members of the medical profession are included among the fifteen nominated this year for election to the Fellowship of the Royal Society, namely, Dr. William Osler, Professor of Medicine at the Johns Hopkins University, Baltimore; and Prof. E. Waymouth Reid, who formerly acted as assistant to Dr. Waller, and is now Professor of Physiology at University College, Dundee.

King's College, London.—Dr. T. C. Hayes has been elected Professor of Obstetric Medicine and Diseases of Women and Children, and Dr. John Phillips Lecturer in Practical Obstetrics in King's College.

Robin-roosts.—For many years naturalists like Audubon and Wilson studied and wrote of this bird before it was known that there were "robin-roosts" as well as pigeon-roosts. Only within the last few years was the fact brought out that a bird more familiarly known than the passenger-pigeon followed this mode of spending the night, although it adopted spring instead of fall for

Digitized by Google

massing by hundreds in a high-sheltered wood for a night's protection from colds, or because it is the period before pairing-time, or for some other reason at present beyond man's ken. With what stealth must this well-known and much-observed bird have found its way in such numbers to the same patch of timber night after night in the early months of the year, according to locality, coming from all directions so swiftly that a secreted observer could not count, keeping up a chatter that could be heard for a long distance, until the last bird, somewhat belated perhaps, found shelter in the darkening grove, when all became silent as thousands of wings were folded to rest!—George R. Frysinger, in June Lippincott's.

Elected Professors.—Dr. John P. Davidson has been elected Professor of Diseases of the Eye, Ear, and Throat in the Medical College of Virginia.

Dr. G. P. Head has been elected Professor of Laryngology and Rhinology at the Chicago Post-graduate Medical School.

Academy of Medicine.—Drs. Grasset, of Montpellier, and Pitres, of Bordeaux, have been elected corresponding members of the French Academy of Medicine. Professor Ch. Richet has been elected titular member, succeeding the late M. Lays.

German Hospital of San Francisco.—Dr. Fehleisen has been appointed surgeon at San Francisco, to succeed the late Dr. J. F. Morse.

San Francisco Board of Health.—Dr. L. Bozet has been appointed to fill the vacancy in the San Francisco Board of Health, made vacant by the death of Dr. J. F. Morse.

Medical College of Charleston.—Dr. E. Emmet Reid, of Johns Hopkins University, has been appointed Professor of Chemistry and Physics in the Medical College of Charleston, S. C.

Northwestern University Medical College.—Dr. Walter H. Allport and Dr. Thomas B. Schwartz have resigned from the Chairs of Anatomy and Dr. John Leeming from the Chair of Materia Medica in the Northwestern University Medical School (Chicago Medical College).

Dr. Edward C. Miller has been given full charge of the didatic and practical laboratory teaching in anatomy in the Northwestern University Medical College, Chicago, with the title of professor.

American Electro-Therapeutic Association.—At the recent meeting the officers elected were: President, Francis B. Bishop, Washington, D. C.; first vice-president, Ernest Wende, Buffalo, N. Y.; second vice-president, William H. White, Boston, Mass.; secretary, Dr. John Gerin, Auburn, N. Y.; treasurer, Dr. Richard J. Nunn, Savannah, Ga. Executive Council: Dr. Robert Newman, New York City; Dr. G. Betton Massey, Philadelphia, for three years; Dr. William J. Morton, New York City; R. A. D. Rockwell, New York City, for two years; Charles R. Dickson, Toronto, Can.; Frederick Schavoir, Stamford, Conn., for one year.

The next meeting will be held in Washington, beginning on the third Tuesday in September, 1899.

He Could Not Be Turned.—A patient in an English insane asylum imagined himself dead, and nothing could drive the delusion from his brain. One day the physician had a happy thought, and said to him: "Did you ever see a dead man bleed?" "No," he replied. "Did you ever hear of a dead man bleeding?" "No." "Well, if you will permit me, I will try an experiment with you, and see if you bleed or not." The patient gave his consent, the doctor whipped out his scalpel and drew a little blood. "There," he said, "you see that you bleed; that proves that you are not dead." "Not at all," the patient instantly replied; "that proves that dead men can bleed."—New York Tribune.

Medical Society of the Missouri Valley.—At the recent meeting at Council Bluffs the following officers were elected for the ensuing year: President, B. F. Crummer, M.D., Omaha; first vice-president, Jacob Geiger, M.D., St. Joseph; second vice-presi-

Digitized by Google

dent, C. C. Allison, M.D., Omaha; treasurer, T. B. Lacey, M.D., Council Bluffs; secretary, V. L. Treynor, M.D., Council Bluffs. Upon invitation of Dr. Geiger, the society voted to hold its spring meeting in St. Joseph, Mo.

The Living Age.—The Living Age, in its issue for October 1st, began a new serial story, translated for its pages from the French of Th. Bentzon (Mme. Blanc). The story is entitled "Constance," and it is the study of the life of a young girl. Important ethical questions, especially that of divorce, are touched upon, and the story has a high moral purpose. The translation is made by Mrs. E. W. Latimer, and is authorized by Mme. Blanc.

With the first number for October, The Living Age, the weekly eclectic magazine which for more than fifty years has been a favorite with American readers, began a new series and appears in a new and attractive dress, suggesting the Atlantic Monthly in the clear legibility of its page. The familiar cover is to be retained, but it has been newly engraved and otherwise modernized.

Florence Bell's "Plea for the Better Teaching of Manners" in The Living Age for October 1st, is profitable to all who, as teachers or parents, have anything to do with the training of young people.

Spontaneous Discharge of a Cerebro-spinal Liquid from the External Auditory Canal.—Escat describes the case of a girl of 10 years, in whom no lesion of the tympanic cavity or drum, nor any traumatism was present, had an intermittent discharge of fluid from the ear. The first time it developed it continued for two months and was then absent for six. The child lost as much as 150 grammes of liquid with each discharge, this being repeated ten or twelve times during the same day.

The liquid was analyzed and found to be cerebro-spinal fluid. On examination the external canal appeared normal with the exception of the internal end of the superior border, which presented a small opening through which it was impossible to pass a slender probe. The author cauterized this part of the canal, which was followed by the disappearance of the discharge, and a month and a half afterward there had been no recurrence.—Laryngoscope.

Troy (N. Y.) Hospital.—Dr. George Blumer has been appointed pathologist, and Dr. H. O. Fairweather assistant pathologist.

Dr. de Beck Honored.—Dr. David de Beck, of Cincinnati, has been made a member of the Société Française d'Ophtalmologie.

Bony Changes in Chronic Jaundice.—F. Obermayer reports five cases of hyperplastic osteitis following chronic icterus. In four of them there was cirrhosis of the liver, and they might sustain Gilbert and Fournier's theory that the toxins that produce cirrhosis give rise to the bony changes also; but in the fifth case the jaundice was due to cicatricial closure of the ductus choledochus, so that the chronic cholæmia must alone have been the cause of the bony changes.—New York Medical Journal.

A Story From Birmingham.—In a recent number of the Medical Times and Hospital Gazette we read: "A good story is told of a Birmingham lady who recently took her daughter to a local physician for advice. The girl, it appears, was suffering from what is commonly known as 'general lowness.' There was nothing much the matter with her, but she was pale and listless, and did not care about eating or doing anything. The doctor, after due consultation, prescribed for her a glass of claret three times a day with her meals. The mother was somewhat deaf, but apparently heard all he said, and bore off her daughter, determined to carry out the doctor's orders to the very letter. In ten days' time they were back again, and the girl looked quite a different creature. She was rosy cheeked, smiling, and the picture of health. The doctor congratulated himself upon the keen insight he

Digitized by Google

had displayed in his diagnosis of the case. 'I am glad to see that your daughter is so much better,' he said. 'Yes,' exclaimed the excited and grateful mother: 'thanks to you, doctor! She has had just what you ordered. She has eaten carrots three times a day since we were here, and sometimes oftener,—and once or twice uncooked,—and now look at her!' "

McClure's Magazine for October.—For the story of the siege of Santiago de Cuba, as it affected the people directly involved, on either side, in their personal safety and comfort and their daily lives, there is no document yet published equal to the October number of McClure's Magazine. Mr. Stephen Bonsal, in an article entitled "The Fight for Santiago," describes the campaign as it affected the American soldier, writing from his own observation and experience; while for the experiences of the panic-stricken and half-starving people shut up in the city of Santiago we have a very remarkable diary kept by the British Consul at Santiago, who was all the time in the closest relations with the Spanish authorities, and was expending—as it later proved—his very life in relieving the general suffering.

There are a number of other notable contributions in this number. E. A. Fitzgerald describes the first ascent ever made to the summit of the highest mountain in the Western Hemisphere, Aconcagua. The Assistant Secretary of the Treasury, Mr. Vanderlip, writes authoritatively of "The Cost of the War." Captain J. E. Brady relates some picturesque and thrilling adventures of his own as a young telegraph operator and train-despatcher. William Allen White, the writer of the "Boyville" stories, has a fond and most spirited "Appreciation of the West, Apropos of the Omaha Exposition."

Charitable Bequests.—By the will of Carolina T. Downs, of Canton, Mass., the following charitable bequests are made: $10,000 to the Massachusetts Infant Asylum; $20,000 to the New England Hospital for Women and Children; $20,000 to the Children's Hospital, Boston, and $5,000 to the Perkins Institution for the Blind.

The German Society of Alienists met this year at Bonn, September 16th and 17th. The following were the subjects for discussion: The various aspects of hysteria, the value of hydrotherapy, the pathological anatomy of delirium tremens, and the utilization of pathological material in asylums.

The Late Mr. Augustin Prichard.—The family of the late Mr. Augustin Prichard, F.R.C.S., of Bristol, have presented to the Bristol Museum the valuable collection of human crania brought together by the distinguished ethnologists, Dr. James Cowles Prichard and his son, the late Mr. Augustin Prichard.

In Honor of Berzelius, the Swedish Savant.—A great memorial fête was held in Stockholm, October 7th, on the occasion of the fiftieth anniversary of the death of the *savant* Berzélius.

The Zambaco Prize.—Zambaco Pasha, of Constantinople, has endowed the French Société de Dermatologie et de Syphilologie with funds for a biennial prize of 900 francs, to be awarded first in 1900, for the best article in French on the "Contagiousness of Syphilis at All Stages of the Disease."

Inequality of the Pupils at a High Altitude.—Dr. Boyd, of Leadville, says that he has records of over one hundred cases of inequality of the pupils observed in that town within a year, and attributes the condition to the elevation,—over ten thousand feet. It is more apt to be present in people of older residence and is due to one-sided mydriasis. The reactions to light and accommodation are normal, and the inequality seems to be inconstant or at least remittent. The manner in which the condition is induced by altitude is not known.—*Medicine.*

Appointment.—Dr. George H. Stubbs, of Birmingham, Ala., has been appointed to the position of oculist and aurist to the Southern Railway, west of Atlanta.

Digitized by Google

State Board of Health of Louisiana.—The new State Board of Health is announced to be as follows: Dr. Edmond Souchon, designated as president; Dr. Hampden S. Lewis, Dr. Charles A. Gaudet, of New Orleans; Dr. J. C. Egan, of Shreveport; Dr. T. T. Tarleton, of Grand Coteau; Dr. R. L. Randolph, of Alexandria; and Dr. W. G. Owen, of Whitecastle.

University of California.—Dr. W. E. Taylor, for many years professor of surgery in the medical department, has resigned, and at a special meeting of the faculty Dr. John M. Williamson, professor of anatomy, has been appointed lecturer in surgery for the coming term.

Professor Calmette.—Dr. Calmette has been appointed professor of bacteriology and experimental therapeutics at the University of Lille.

Gift of a Library.—The library of the late Dr. R. C. M. Page has been presented by the doctor's widow to the University of Virginia.

The Internal Secretion of the Tonsils.—Dr. G. Masini has been experimenting with an extract of the tonsil of the dog and that of the calf. After administering subcutaneously to a guinea-pig 7 or 8 grains of the extract for each kilogramme of the animal's weight, he has found a notable increase of arterial pressure, with characteristic oscillations like those following the use of suprarenal extract. It is not maintained very long, and it is followed by a drop to less than the normal pressure. At the same time the action of the left ventricle is accelerated and then retarded. Extracts of tonsils that had long been inflamed or hyperplastic proved of no effect. The author concludes that one of the functions of the tonsil is to furnish an internal secretion capable of causing augmentation of the arterial pressure.—New York Medical Journal.

Corpses Dead of Communicable Diseases Being Brought Into Northern States.—On this subject, so important to the public health, Dr. H. B. Baker, Secretary of the Michigan State Board of Health, writes: The reason mentioned (by correspondents) for permitting carelessness in the transportation of corpses, namely, because "public sentiment is so thoroughly aroused," is, in my judgment, exceedingly unwise; public attention being now well aroused, there is an excellent opportunity for useful education of the people generally, as to the care necessary to be observed, relative to dead bodies, for the purpose of guarding the health of the living. Now is the time for gaining the attention of the public to what is required for the safe transporting of the dead. The rules of the General Baggage Agents' Association are wholly in the interest of public health, and should be rigidly adhered to and upheld by all of us who are in the public-health service. It cannot add much to the work of those concerned in transporting dead bodies to get the permit of and give proper notice to the local health officer at destination; and this ought always to be done. That makes it possible for the local health officer to take such action as shall guard the interests of the living in his jurisdiction.

The American Microscopical Society, at its recent annual session, elected the following officers for the ensuing year: President, Dr. William C. Krauss, of Buffalo; first vice-president, Professor A. M. Bleile, of Columbus, O.; second vice-president, Dr. G. C. Huber, of Ann Arbor, Mich.; secretary, Professor Henry D. Ward, of Lincoln, Neb.; treasurer, Magnus Pflaum, of Pittsburgh; executive committee, Professor S. H. Gage, of Ithaca; Dr. A. Clifford Mercer, of Syracuse; and Dr. V. A. Moore, of Ithaca.

Report of the Cumberland County (N. J.) Medical Society.—The Cumberland County Medical Society held its semi-annual meeting at Hotel Cumberland, Bridgeton, October 11, 1898, with President Dr. A. R. Judson in the chair. The minutes of the previous meeting were read and approved, after which Dr. Hummel read an interesting

Digitized by Google

paper on "Peritonitis." Dr. H. W. Elmer opened the discussion, bringing out many valuable points. The society unanimously voted to celebrate its eightieth anniversary by a banquet, December 8, 1898, in which the honorary and ex-members of the society will participate. Dinner was served at the hotel, after which Dr. Charles P. Noble, of Philadelphia, read an instructive paper on "Conservatism in Gynecology," which was well received. Two cases of abdominal section were reported by Dr. Stites. The society elected Dr. H. G. Miller, of Millville, to active membership.

Those present were: Drs. L. L. Hand, O. H. Adams, A. R. Judson, L. M. Hummel, S. M. Snyder, D. H. Oliver, H. Mailly, Joseph Tomlinson, Alfred Cornwall, Ellsmore Stites, J. B. Ware, H. W. Elmer, M. K. Elmer, and J. C. Applegate. The Society entertained Drs. Halsey, Heritage, and Stout, from the Gloucester County Society, and Drs. Carpenter and Waddington, from the Salem County Society; also Dr. G. E. Read, of Woodbury, and Dr. Charles P. Noble, of Philadelphia.

Obituary—Professor Leopold Ritter von Dittel.—The Vienna School has lost one of its ornaments in the death of Professor von Dittel. The deceased had, 12 years ago, resigned his chair of surgery, but he continued to discharge his duties at the hospital till 1896, when he retired from active practice. The immediate cause of his withdrawal from public life is said to have been the shock which he received from witnessing the sudden death of his son-in-law in his laboratory two years ago. Professor von Dittel was the oldest member of the Imperial Royal Medical Society of Vienna, both in years and in membership.

Obituary.—Recent deaths in the profession abroad are: Dr. Max Wiener, extraordinary professor of obstetrics in Breslau, aged 48 years; Dr. J. Crocq, professor of special pathology and therapeutics in the University of Brussels, and a member of the Belgian Senate, September 18th, aged 74 years; Dr. Alexander Lindsay, formerly professor of medical jurisprudence in Anderson's College, Glasgow, Scotland, aged 82 years; Dr. Diedrich Hermann Karl Nasse, professor of surgery at the University of Berlin, the result of an accident while mountain-climbing; Dr. John Wallace, professor of midwifery in the Liverpool University College and consulting gynæcologic surgeon to the Royal Infirmary, Liverpool.

Chicago Polyclinic.—The following associate professors have been appointed: Dr. A. M. Hall, otology; Dr. G. W. Mahoney, ophthalmology; Dr. R. B. Preble, medicine.

Death of Dr. A. M. Owen, of Evansville, Ind.—Dr. Owen, whose recent death at the age of 49, has been deeply lamented by a wide circle of friends and by his entire clientele, was a graduate of Bellevue Medical College in 1877. The Indian Medical Journal says: In the same year he located in Evansville, where he acquired within a very short time a very large practice. He was from the start one of the leading practitioners in this section of the country, and had most of the surgical practice during his lifetime. He was original in his methods, and did many of the graver operations long before they were generally done by other surgeons.

He was connected with the Medical College of Evansville during its existence here, occupying the chair of surgery most of the time. He was surgeon at St. Mary's, afterward the City Hospital, and in 1894, in conjunction with Dr. Edwin Walker, opened the sanitarium at Evansville,—an institution which was ideal in its construction. During the last five years most of his work has been done in this institution.

He was a member of most of the leading medical societies of the country,—the Indiana State Medical Society, the American Medical Association, the Mississippi Valley, of which he was president; the Pan-American Congress, of which he was treasurer; the Mitchell District. He was a member of the American Obstetrical and Gynæco-

Digitized by Google

logical and Southern Surgical. In 1894 he attended the International Medical Congress at Naples.

Dr. Owen was identified with all the public affairs of the city, but never held any office.

His demise was caused by angina pectoris. He had suffered with a weak heart for two years, but during the last few months had seemed to be much better and able to attend to his business up to the time of his death. On Saturday before his death he had seemed to be better than usual, and retired feeling comparatively well. The attack came on about 3 in the morning, and he expired within two or three minutes.

A striking testimony to the kindness of this "beloved physician" was the large attendance at the funeral of people of all ages and stations, strangers to the family, who paid their last respects to the remains.

Associate Professor.—Dr. James B. Herrick, of Chicago, has been made Associate Professor of Medicine in Rush Medical College.

Howard Hospital of Philadelphia.—The excellent work done by this institution is well known and highly appreciated in Philadelphia and vicinity. We are glad to learn from the forty-fourth annual report of the Board of Managers that the past year has shown a marked increase in the growth and prosperity of the institution. Attached to the report are the remarks made at a reception and luncheon given by the managers of the hospital to the section of Laryngology, Rhinology, and Otology of the American Medical Association at its Jubilee Meeting in Philadelphia. After an introductory address by the President of the Board, Azariah W. Hoopes, interesting historical addresses were delivered by Drs. Lawrence Turnbull and Thomas Harper, founders of the hospital. Dr. Turnbull sketched the benevolent work of the hospital and its steady growth for nearly half a century. In reference to these matters, Dr. Turnbull would be justified in using the words of Æneas: "All of which I saw and much of which I was."

Dr. Frank Billings.—Dr. Frank Billings has accepted the position of Professor of Medicine and Clinical Medicine in the Rush Medical College of Chicago, the affiliated Medical College of Chicago University.

Appointments.—Dr. Arthur R. Edwards has been made Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School (Chicago Medical College).

Dr. A. I. Bouffleur has been appointed Assistant Professor of Surgery in Rush Medical College, Chicago.

Anniversary.—Dr. F. J. Pick, of the German University of Prague, Bohemia, recently celebrated the twenty-fifth anniversary of his election to the professorship of dermatology and directorship of the dermatological clinic.

Clinical Professor.—Dr. George M. Boyd has been elected Clinical Professor of Obstetrics in the Medico-Chirurgical College.

University of Michigan.—By the will of Mrs. Elizabeth H. Bates, of Portchester, N. Y., an estate of $135,000 has been left to the medical department of Michigan University, to be devoted to establishing a Chair of Diseases of Women and Children.

Bequests.—The will of the late William Whitewright, New York, contains a bequest of $50,000 for the Presbyterian Hospital, for the maintenance of free beds, to be known as the "Whitewright beds," in memory of the father of the testator.

By the will of the late Mrs. Annie S. Paton of New York, the Manhattan Eye and Ear Hospital will receive $50,000.

American Medico-Psychological Association.—The officers elected at the recent meeting were: President, Dr. Henry M. Hurd, Superintendent of Johns Hopkins Hospital, Baltimore; vice-president, Dr. H. A. Gilman, Superintendent of the Iowa Hospital for the Insane, Mt. Pleasant;

Digitized by Google

secretary-treasurer, Dr. C. B. Burr, Medical Director of Oak Grove Hospital, Flint, Mich.; auditors, Dr. H. A. Toby, Superintendent of the State Hospital, Toledo, Ohio; Dr. C. G. Hill, attending physician to Mt. Hope Retreat, Baltimore; counselors for three years, Drs. J. W. Babcock, C. W. Page, J. Percy Wade, and L. C. Mead.

New Sanitarium.—Dr. Paul Gibier, late of the New York Pasteur Institute, is building a new sanitarium in the Ramapo Mountains, and has appropriately named the village Pasteur, in honor of the great scientist.

Death of Dr. Swearingen.—Richard M. Swearingen, M.D., New Orleans School of Medicine, 1867, and Louisville Medical College, 1886, died at his home in Austin, Tex., in his 60th year. He was State Health Officer of Texas for twelve years. For his efficient service during the yellow fever outbreak on the Gulf coast in 1897, he will be long remembered, notwithstanding his unmerited unpopularity with the business community.

A New Stigma of Degeneration.—Giuffrida-Ruggieri, having noticed that a true glenoid fossa is nearly always absent in primitive mammals, examined the crania of thirteen persons who had been mentally unsound, and found it wanting there also—or at any rate very badly defined. There was also a certain asymmetry noticed. He found this condition more common among women than men. The author suggests it as a possible stigma of degeneration.—New York Medical Journal.

Mississippi Valley Medical Association.—The twenty-fourth annual meeting of the above Association was held at Nashville, Tenn., on October 11th to 14th, inclusive, and was a pronounced success. A large membership was in attendance and many excellent papers were read and discussed. Among the papers presented—the entire number of which was 94—we can mention: The bicycle from the medical stand-point, by Dr. I. N. Love, of St. Louis; a theory of nystagmus, by Dr. Charles H. Beard, of Chicago, Ill.; three anomalous cases of mastoid disease, by Dr. J. L. Minor, of Memphis, Tenn.; a case of bilateral glioma of the retina, with operation and non-recurrence for seventeen years, by Dr. A. G. Sinclair, of Memphis, Tenn.; the relations of the gynæcologist and the neurologist, by Dr. W. H. Humiston, of Cleveland, O.; the relations between the genito-urinary tract and rectum, by Dr. John L. Jelks, of Memphis, Tenn.; phases of toxæmia from disturbed metabolism, by Dr. Thomas Hunt Stucky, of Louisville, Ky.; the vascular dermato-neuroses, by Dr. A. W. Brayton, of Indianapolis, Ind.; radical cure of inguinal hernia by Fowler's method, by Dr. H. O. Walker, of Detroit, Mich.; the limits of operations for cancer of the uterus, by Dr. L. S. McMurtry, of Louisville, Ky.; surgical treatment of pus in the pelvis, by Dr. Joseph Price, of Philadelphia; clinical contribution to ectopic gestation, by Dr. W. W. Taylor, of Memphis, Tenn.; observations on surgery of the kidney, by Dr. Charles A. L. Reed, of Cincinnati, O.; surgical treatment of ophthalmic goitre, by Dr. Bayard Holmes, of Chicago, Ill.; the neuro-hypothesis of rheumatoid arthritis, by Dr. Frank Parsons Norbury, of Jacksonville, Ill.; pichi, by Dr. H. W. Whitaker, of Columbus, O.; gall-stone surgery, by Dr. Hal. C. Wyman, of Detroit, Mich.; the action of mercury, by Dr. William F. Barclay, of Pittsburgh, Pa.; helianthus annuus, by Dr. Joseph A. Thompson, of Alexandria, Va.; pharmacology of the strontium salts, by Dr. Leon L. Solomon, of Louisville, Ky., etc.

Valuable Donation.—Madame Péan, in fulfillment of the wishes of her distinguished husband, has presented to the Hôpital Saint-Louis his collection of 614 anatomic and pathologic casts. The molds of each cast were destroyed after the cast had been exhibited and reported; hence the collection is of high value.

Digitized by Google

Married.—Dr. W. Chalmers Baird was married, on October 5th, at McKeesport, Pa., to Mattie Louise Smith, daughter of Mr. and Mrs. John Smith. Dr. Baird is a graduate of the Medico-Chirurgical College, and has been very successful in McKeesport.

Dr. Joseph Rilus Eastman was married on October 5th to Amelia Love, daughter of Dr. and Mrs. John Mason Gaston, of Indianapolis.

Removal.—Dr. Louis Lewis has removed from 2011 to 1733 Arch Street, Philadelphia.

The Psychiater.—This is the title of a new publication which contains a report of the work done at the Illinois Eastern Hospital for the Insane. The journal will give the results of clinical observation and investigations in the micro-chemical, pathological, and psychological laboratories. The Psychiater is to be published quarterly, and will doubtless be a useful medium in the study of the diagnosis, development, and treatment of insanity.

Bulletin of the Harvard Medical Alumni Association.—No. 12 of the Bulletin, now before us, contains a report of the eighth annual meeting of the Association, held in Boston June 28th of this year. We are always interested in reading these reports, as they contain addresses by men of distinction and ability. The invited guests and speakers of this year were Drs. Arthur T. Cabot, James C. White, and Edwin B. Harvey.

Folk-lore.—Salt is spilled at table, and we jest with our neighbor over the prospect of a quarrel, half believing in the sign, though we may not know that the Romans did the same. A dog howls at night, and we recall the wide-spread belief that the howling of a dog foretells death, but forget that our early Aryan ancestors assigned to the dog the office of messenger from the world of spirits.—Jessie F. O'Donnell, in November Lippincott's.

For the Study of Malaria.—The British Colonial Office and the Royal Society have appointed a committee to investigate the modes of the dissemination of malarial fever, with a view to devising means for its prevention. The members of the committee are Drs. C. W. Daniels, J. W. W. Stephens, and R. S. Christophers.

Atlantic City Hospital.—The following are the appointments to this new institution: Dr. W. B. Stewart, Dr. A. B. Shimer, Dr. A. D. Cuskaden, Dr. Emery Marvel, Dr. T. Senseman, and Dr. F. W. Bennett.

Ontario Medical Library Association.—The following officers have been elected: President, Dr. J. E. Graham; vice-president, Dr. W. J. Greig; secretary, Dr. H. J. Hamilton; treasurer, Dr. Herbert Bruce; curator, Dr. N. A. Powell; assistant curator, Dr. W. J. Wilson.

Office Hours.—Dr. Louis F. Love announces that hereafter his office hours will be from 9.30 A.M. to 12 M., at 1762 Frankford Avenue, and from 1 until 3 P.M. at 1225 Walnut Street, Philadelphia.

Location.—Dr. Albert Engles Blackburn is located at N. E. corner Thirty-eighth and Spring Garden Streets, Philadelphia.

To the Memory of Dr. William Beaumont.—Next year it will be seventy-seven years since Dr. William Beaumont made his famous and instructive studies upon Alexis St. Martin. The old house in which St. Martin lay after his accident still stands on Mackinac Island. We learn from the Charlotte Medical Journal that the Medical Society of the Upper Peninsula of Michigan is about to mark the scene of Beaumont's labors by a tablet to his memory.

Wedded.—Dr. Ernest Lionel Stephens was married on October 5th to Pauline, daughter of Mr. and Mrs. Richard Moore Wynne, at the First Baptist Church, Fort Worth, Texas. Dr. and Mrs. Stephens will be at home after November 5th. Our best wishes for their happiness and prosperity are here extended.

Digitized by Google

Yorkshire Medical College.—Dr. A. G. Barrs, formerly professor of materia medica and therapeutics, has been appointed professor of medicine, and Dr. C. M. Chadwick has been made professor of materia medica and therapeutics.

Bellevue Hospital.—The following appointments have been made to the visiting staff: Dr. Egbert Le Fevre, physician; Drs. B. Farquahar Curtis and George D. Stewart, surgeons; Dr. L. Bolton Bangs, genito-urinary surgeon; Dr. Henry C. Coe, gynæcologist.

Baltimore Medical College.—Dr. T. C. Gilchrist having resigned the Professorship of Dermatology in the college, has been succeeded by Dr. J. Williams Lord; Dr. Charles H. Potter has been appointed Lecturer on Bacteriology and Pathology, and Dr. J. G. Wiltshire Clinical Lecturer on Diseases of the Nervous System.

Chicago College of Physicians and Surgeons.—Dr. Casey A. Wood has been appointed Professor of Clinical Ophthalmology in the above institution.

Book Reviews.

Elements of Latin. For Students of Medicine and Pharmacy. By George D. Crothers, A.M., M.D., Teacher of Latin and Greek, St. Joseph (Mo.) High School; and Hiram H. Bice, A.M., Instructor in Latin and Greek, Boys' High School, New York. Philadelphia, New York and Chicago: The F. A. Davis Company, 1898, pp. xiii, 242.

Many of the works published on elementary instruction in Latin are so voluminous and adapted, as a rule, only to those having had some previous training, that the book before us will prove most welcome to the student in medicine or pharmacy, as it confines itself to these two branches.

Among some of the features are the abridged treatment of the verb, as well as the use of only one subjunctive, and the declension of words are those in use in medicine and pharmacy.

The article on prescription writing will be found useful and comprehensible, though it might have been more in accord with the previous chapters had there been more space allotted to it, with a corresponding diminution of the exercises in pharmacy, this subject having a more appropriate place in special pharmaceutical works.

The anatomical proper names and their origin enhance the value of the book, making it one of the completest as well as the most serviceable of any to the medical and pharmaceutical student.

Manual of Chemistry. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book Specially Adapted for Students of Medicine, Pharmacy, and Dentistry. By W. Simon, Ph.D., M.D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, etc. Sixth Edition, thoroughly revised. With forty-six illustrations and eight colored plates, representing sixty-four chemical reactions. Philadelphia and New York: Lea Brothers & Co., 1898.

Chemistry is one of the fundamental studies of medicine. In the sixth edition of this well-prepared and popular text-book we have the subject brought well up to date. The rapid strides which this science is yearly making compels the frequent revision of text-books. The subject of physiological chemistry is one of the utmost importance to the scientific physician. In this work the student is led systematically up to the difficult problems of organic chemistry, and, more particularly, to the chemistry of the human body. The composition of its tissues and products, as well as the changes which they undergo in the course of vital processes, are indicated in this work in sufficient detail to serve the purpose of the students of medicine, dentistry and pharmacy.

Digitized by Google

A firm foundation is laid which can be built upon in future years by those whose tastes and opportunities incline them to the further prosecution of these studies. At the same time those who, like the most of us, are destined to labor in the field of practical medicine, may gain from the study of these pages a knowledge of the main outlines of the subject, and will be enabled to observe the progress of discovery. The practical value to which these discoveries may be turned is illustrated by the improvements which the last few years have witnessed in the treatment of diseases of the stomach. Many other examples of this fact will occur to those who are familiar with the history of medicine.

Determination of Sex. By Dr. Leopold Schenk, Professor at the Imperial and Royal University and Director of the Embryological Institute in Vienna. Authorized Translation. Chicago, Akron, and New York: The Werner Company, 1898.

Upon so abstruse yet interesting a subject, none would seem better entitled to speak than Professor Schenk. His profound knowledge of embryology forms a fitting introduction to the cause of the differentiation of sex. The author is certainly unusually equipped to continue investigations in this field. He has by no means been without predecessors. The subject has long been of interest, and many efforts have been made to solve the problem. Many of these attempts have been purely speculative and are of no value, unless, perhaps, from a historical point of view. Time and accumulated experience only can determine whether the doctrines enunciated in this book are more rationally founded. The author tells us that the subject engaged his attention for years. The result of his studies has been to cause him to believe that if we are not in a position to control the processes of Nature, we can nevertheless exert over them a more or less effective influence in order to obtain such results as are possible.

The gist of Schenk's theory is that the use of a selected diet by the pregnant woman has the power to influence the sex of the embryo. The author has found that the urine of most women who had male children contained during the first months of pregnancy more reducing substances than that of women who had female offspring. It is therefore necessary that the diet should not only cause a disappearance of the normal urine sugar, but should also produce an increase of the reducing substances. The same diet which is most favorable to the production of the conditions just named also effect the best albuminous increment in the body. The diet must be selected in such a way that the nitrogenous substances may predominate and the carbo-hydrates excluded as far as possible when a male child is desired.

A certain amount of fat is allowed by the author in his dietary. He confesses, however, that his rule does not work both ways. The wish to have female progeny is a desire for the gratification of which it is not at present possible to give any direction.

We cannot all be profound embryologists, but physicians who do much obstetrical practice ought to have abundant opportunity to prove or disprove Professor Schenk's assertions regarding the effect of diet upon the sex of the offspring.

Report of the Medical Council of Pennsylvania, 1894-1898. William Stanley Ray, State Printer of Pennsylvania, 1898.

This report contains a summary of the operations of the Medical Council of Pennsylvania from the time of its organization, in 1894, to the present year. Its statistics relate to the examinations of medical students, with percentages of successes and failures, general averages, etc. A tabulated list displays the names, colleges, and averages of those who have passed the Council and have been licensed to practice, the questions used in the examinations by the Medical Examining Boards, rules for conducting the examinations, and the preliminary re-

Digitized by Google

quirements of those who expect to practice medicine in Pennsylvania, etc.

"Cataphoresis," or Electric Medicamental Diffusion as Applied in Medicine, Surgery, and Dentistry. By William James Morton, M.D., Professor of Diseases of the Mind and Nervous System and Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital, etc. New York: American Technical Book Company, 1898.

This work deals with an extremely important subject, and one with which many general practitioners are insufficiently acquainted. The application of electricity to the treatment of disease has by no means obtained the recognition which it deserves from the profession at large. We can scarcely conceive a more satisfactory and profitable, in every sense of the word, occupation for the physician than the study of the possibilities of electrical treatment.

The subject of cataphoresis is less known and practiced than other modes of electrical treatment. Yet it possesses most marked and beneficial powers. By cataphoresis it is possible to drive medicated solutions into the tissues of the human body, and in this form they prove peculiarly active. These medicaments may be introduced in two ways: by employing solutions in contact with non-oxidizable electrodes, or by employing electrodes which are attacked by the chemicals formed at either pole by the action of the current upon the fluids of the tissue and upon the electrodes.

The value of the first method may be appreciated when we learn that it is possible for us to introduce in this manner a solution of cocaine through dentine, producing anæsthesia of that tissue, and thus permitting operative procedures upon the teeth and gums without pain. Intense neuralgia is also amenable to this method of treatment. Certain diseases of the skin, gouty and rheumatic joints may also be relieved or cured by the cataphoric introduction of the appropriate drugs. By means of an Esmarch bandage or a rubber ring Dr. Morton has shown that drugs may be introduced into the circulation of a limited area, and it is needless to say that in many instances this will be a very desirable circumstance.

Cataphoresis is particularly adapted to the treatment of many difficulties of the upper air passages which may require the application of anæsthetics, astringents, or antiseptics.

Another property of this method with which Dr. Morton has experimented and which is of much promise is the converse, *i.e.*, cataphoric demedication. It has been found possible to reverse the process, and in place of introducing, to withdraw metals from the system. The procedure will probably prove our most efficient means of treatment of poisoning from lead, copper, arsenic, and other metals.

For an account of the principles which underlie this method of medication, and the details of its application, we must refer the reader to the work. It is clearly written, and there could be no better guide to the subject than Dr. Morton has prepared. The author has had much to do with the development of cataphoric medication, and his work is of unusual interest and importance.

Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease. Third Edition, Revised and Enlarged. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Philadelphia and New York: Lea Brothers & Co., 1898.

The author of this work has adopted a plan which produces a popular as well as useful treatise. He follows, in fact, the course which we must pursue at the bedside. To elicit all the symptoms of a difficult case is to go far toward making a diagnosis. In a large number of cases we are compelled to rely principally upon the symptoms as related by the patient. Systematized and searching inquiries regarding the various organs and symptoms of the human

Digitized by Google

body form the basis upon which we may build, by examination of the urine, blood, etc., and the assistance of whatever physical signs may be present. All have their value.

Professor Hare's method does not exclude the consideration of objective signs of disease. These, as manifested in the face, skin, extremities, the tongue, blood-vessels and blood, bladder and urine, bowels and fæces, receive due attention in the opening part of the book. The second part deals with the manifestation of disease by symptoms, properly so-called.

The arrangement of the matter and the style in which the work is written constitute it a very instructive and practical publication. To physicians just beginning their career, Hare's "Practical Diagnosis" can be recommended as an excellent guide and as being exactly what it purports to be in its title. The book is well printed and well indexed.

The Care of the Baby. A Manual for Mothers and Nurses. Containing Practical Directions for the Management of Infancy and Childhood in Health and Disease. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Second Edition. Revised. Philadelphia: W. B. Saunders, 1898. Price, $1.50.

This is an excellent work and very well adapted to serve the purpose for which it was intended. It is a reliable guide to be placed in the hands of a mother or child's nurse. Dr. Griffith is particularly well qualified to write such a book, as he has devoted so much of his time and attention to the care of children. His instructions are, therefore, based upon a wide experience of children's diseases, and also a knowledge of those points on which mothers must often seek instruction from physicians. In fact, a book like this, written by a scientific physician, in popular language and style, is a distinct boon. Such knowledge does not come to young mothers by instinct. Those are fortunate who can inform themselves upon the proper management of infancy by the study of a book such as Dr. Griffith has prepared.

Essentials of Materia Medica, Therapeutics, and Prescription Writing. Arranged in the Form of Questions and Answers. Prepared Especially for Students of Medicine. By Henry Morris, M.D., Fellow of the College of Physicians of Philadelphia, etc. Fifth Edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 1898. Price, $1.00.

This little volume is No. 7 in Saunders's Question-Compend Series. Dr. Morris has succeeded in compressing a considerable mass of information within comparatively narrow limits. The arrangement in the form of questions and answers conduces to the usefulness of the book. In preparing the fifth edition the author has described a number of recently introduced drugs, making room for them by the omission of material which might be regarded as obsolete. The doses are given in terms of the metric system, as well as in those of our domestic measures. The author has classified the drugs into groups, according to their therapeutic action.

The Treatment of Skin Cancers. By W. S. Gottheil, M.D., Professor of Dermatology at the New York School of Clinical Medicine, etc. Published by International Journal of Surgery Company, New York.

Skin cancer is so often seen in elderly patients that its prompt recognition and treatment should be a matter of course. Strange to say, however, it is not uncommonly neglected until it has reached an advanced stage, in which the prognosis has become much less hopeful. In the interesting monograph before us the author passes in review the various methods of treatment for this malady. He is an advocate of the cauterant method of treatment, and the remedy which he prefers is arsenic in the form of Marsden's paste.

Digitized by Google

COMMERCIAL NEWS.

Tuberculosis and Its Treatment by the Later Methods.

The Journal of the American Medical Association, July 23, 1898, presents a report of A. G. Deardorff, M.D., San Francisco, made to the annual meeting of the American Medical Association at Denver. Of twelve cases of tuberculosis treated by serum made by Paquin, of St. Louis, four cases in the first stage recovered; in the second stage two greatly improved; one got well in the third stage, and several were benefited.

In conjunction with serum, Dr. Deardorff advises tonics, codliver-oil, antiseptics sprayed in the throat and lungs of borolyptol, listerin, etc. When pus exists in the sputum he uses the antistreptococcus serum alternately with the antitubercle.

A highly efficient combination for the treatment of feebleness and loss of weight dependent on exhausting chronic diseases, and retarding convalescence, will be found in Gray's Glycerine Tonic Comp., formula of Dr. John P. Gray. In the loss of flesh caused by too rapid growth in youth, the waning nutrition of advancing age, and often in tuberculous cases, good results may be depended upon. Weakly children soon show its beneficial effects, and for debilitated women it is unsurpassed. The Purdue Frederick Co., No. 15 Murray Street, New York.

Sick-room Isolation.

An interesting feature of the Hospital Training School Exhibit at the International Health Exposition, held in New York, was the practical demonstration of an effective method of sick-room isolation.

This was shown by covering a doorway with two sheets hung so as to allow free entrance and exit. These sheets kept wet with Platt's Chlorides afford a simple and practical means of isolating contagious cases in private houses, as the combination of chlorides employed is a powerful disinfectant and deodorizer, while free from any objectionable feature, being odorless, colorless, and safe.

Ecthol.

Battle & Co., Gentlemen: Inclosed find 25 cents in stamps. Please send me sample bottle (12 ounce) of your "Ecthol," and oblige,

E. S. Vawter, M.D.

P. S.: I am well acquainted with your preparations: Papine, Bromidia, and Iodia. I use them in all cases for which they are specified. They are now standard remedies with the profession and give satisfaction whenever used. I would recommend them to all physicians not acquainted with their potency.

Bent Creek, Appomattox County, Va., August 31, 1898.

Tuberculosis of the Lungs.

Dr. Landon B. Edwards, Professor of Practice of Medicine, University College of Medicine, Richmond, Va., reports in Vol. 53, No. 15, New York Medical Record, 35 cases of tuberculosis of the lungs treated by serum, with 11 total recoveries; and by recovery he means disappearance of bacilli, healthy respiratory action, chest expansion increased from one to two and a half inches, flesh increased to normal, and that the patients look well, and, according to physical signs and symptoms, are well. He notes other patients improving and states that the record is greatly better than he ever obtained with any other treatment than serum; that he had used no other serum than Paquin's, of St. Louis.

Sanmetto.

J. S. Jordan, M.D., of Indianapolis, Ind., writing, says: "I have been using Sanmetto for a number of years, and with unvarying good results. In cases of prostatitis, prostatorrhœa, cystitis, chronic gonorrhœa,

(Continued on advertising page 18)

Digitized by Google

FOR
INDIGESTION,
MALASSIMILATION
OF FOOD,
AND ALL FORMS OF
DYSPEPSIA.

FORMULA:

℞ Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr.
Nux Vomica, 1-8 gr.
Powd. Capsicum, 1-10 gr.
Concentrated Pepsin, 1 gr.
Dose 1 to 3.
55 cents per 100.

PIL: ANTISEPTIC COMP.

(W. R. WARNER & CO.)

ANTI-DYSPEPTIC. ANTI-RHEUMATIC.

PIL: ANTISEPTIC COMP. is serviceable in atonic dyspepsia, nervous dyspepsia—in fact all forms of this disease, because it strengthens the lowered digestive vitality. The Nux Vomica and Capsicum, besides promoting involuntary contraction of muscular fibre, relieve flatulence and constipation.

The digestive properties of the Pepsin, assisted by the action of the Salicylic Acid and Sulphite of Sodium, in addition to the above, make this an effective remedy.

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

W. R. WARNER & CO.
PHILADELPHIA.
NEW YORK.
CHICAGO.

Salophen The Safest, Most Agreeable and Reliable Anti-rheumatic.

An Important Advance in Gonorrhœa Therapeutics. **Protargol**

Europhen The Odorless and Non-toxic Iodoform Substitute.

A Specific for All Forms of Headache. **Hemicranin**

Lycetol The Uric Acid Solvent and Anti-arthritic.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO., 40 Stone St., New York.

Selling agents for the Bayer Pharmaceutical Products:

Aristol, Creosote Carbonate (Creosotal), Europhen, Ferro-Somatose, Guaiacol Carbonate (Duotal), Hemicranin, Heroin, Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Quinalgen, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

and kindred genito-urinary troubles, I find it one of the most valuable acquisitions to our materia medica. In irritable conditions of the neck of the bladder, so frequent among females, Sanmetto has proven a God-send. I can also heartily recommend it as the very best aphrodisiac I have ever used."

W. A. BAKER, M.D., Clark's Mills, Pa., says: "I have had occasion to try Celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, 64 years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using Celerina and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition."

TRIKRESOL IN GENERAL SURGICAL WORK.

Major Walter Reed, Surgeon in the U. S. army, and Curator of the Army Medical Museum in Washington, at the fourth meeting of the Association of Military Surgeons of the United States, held in Washington, May 1 to 3, 1894, called attention to the valuable qualities of Trikresol in general surgical work. In his article, entitled "The Germicidal Value of Trikresol," which will be found in the fourth volume of the Transactions of the Association of Military Surgeons of the United States, and has been published in the St. Louis Medical and Surgical Journal, June, 1894, Dr. Reed details the results of a series of investigations in regard to the germicidal action of Trikresol on staphylococcus pyogenes aureus (generally conceded to be the most resistant of the pus-cocci), streptococcus pyogenes, bacillus pyocyaneus, and bacillus diphtheriæ; these experiments were made at the suggestion of Surgeon-General Sternberg. Its action on the Klebs-Löffler bacillus of diphtheria was prompt and pronounced, and worthy of further investigation by pædiatrists.

Reed found that "a ½-per-cent. solution of Trikresol requires from 8 to 20 minutes' contact to destroy the vitality of the staphylococcus aureus; a 1-per-cent. solution kills it absolutely in 30 seconds; and a 1 to 800 solution restrains the growth of the organism. As regards the streptococcus erysipelatos, a ½-per-cent. solution of Trikresol killed it in 30 seconds; 1 to 800 restrained its development. Bacillus pyocyaneus requires 1½ minutes' contact of a ½-per-cent. solution; a 1-per-cent. solution kills it in 30 seconds; and a 1 to 800 solution restrains its development.

"One advantage which the cresols are said to possess is that the presence of albumin in the fluid to be disinfected does not interfere to a marked extent with their germicidal action. This is of very great importance, if true. As far as my own experiments have gone, it appears that a 1-per-cent. aqueous solution of Trikresol is, even in the presence of fluids rich in albumin, sufficient for the prompt and certain destruction of the pathogenic bacteria ordinarily met with by the surgeon."

The poisonous qualities of the drug are rated as slightly less than carbolic acid, but it must be borne in mind, in comparing a carbolic acid and Trikresol solution, that a 1-per-cent. solution of the latter accomplishes as much as 4- or 5-per-cent. solutions of carbolic acid, hence the danger of poisoning is necessarily reduced four- or five- fold.

In conclusion, Dr. Reed invites the earnest attention of the profession to the marked powers of Trikresol as a germicide both in watery and albuminous fluids.

Dr. M. Charteris, Professor of Materia Medica and Therapeutics, University of Glasgow, has, with the assistance of Dr. John Morton, experimented with Trikresol with regard to its physiological action. His conclusions (Lancet, March 31, 1894) are as follow:—

1. Trikresol is a germicide three times stronger than pure phenol.

2. It is three times less toxic.

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES.

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

ADEPS LANÆ, MERCK.

A STANDARD OINTMENT BASE.

Odorless: free from the natural acidity of ordinary wool-fats; wholly free from foreign acids and alkalies; is miscible with water, and aqueous solutions of salts, and with other fats. Adeps Lanæ Merck (Hydrosus) is of U. S. P. quality.

AQUA LEVICO. Alterant Tonic.

Arsenous acid, iron sulphates, and copper sulphate in natural solution. Indicated in anemic, chlorotic, neurasthenic, and neurotic conditions. Aqua Levico is the natural water from two springs ("Mild" and "Strong") in the Tyrol, differing in arsenical, ferric, and cupric strength. Literature on request.

Every physician is interested in the purity of the chemicals dispensed to his patients. Specify "Merck's" for reliability.

IODOFORMOGEN.

ODORLESS IODOFORM.

Iodoformogen (Iodoform Albuminate) is devoid of the penetrant odor of ordinary iodoform. It does not conglutinate, and is three times bulkier than an equal weight of iodoform. In consequence of this lightness it adheres more intimately and firmly to wound surfaces, and it can readily be brought into contact with remote recesses of wound cavities. Clinical investigators report that Iodoformogen is more thorough, more persistent, and more economical than simple iodoform. Literature on request.

GELANTHUM. Dermic Varnish.

A water-soluble vehicle for the application of dermic remedies. It forms a smooth, homogeneous, covering without tendency to stickiness. Sample free.

Purity of Chemicals is quite as essential as exactitude in compounding. For reliability specify "Merck's."

MERCK & COMPANY,

UNIVERSITY PLACE. NEW YORK.

Digitized by Google

3. Its advantages for surgical purposes are very pronounced.

4. In all probability some combination of it with an alkaline base will in the future be used internally with safety and profit in specific infectious diseases.

In the Therapeutische Monatshefte of January, 1894, Dr. Oscar Liebreich indorses Trikresol in an article entitled "The Preparation of Cresols as a disinfectant for Hygienic and Surgical Purposes," as follows:—

"The preparation of three mixed cresols in a state of chemical purity must be regarded as a great advance in chemical technology. The new product is an important discovery, because it is now possible for medical men to prescribe Trikresol in a series of preparations of constant composition, which were formerly only obtainable as specialties under various names of uncertain composition."

The Therapeutic Gazette of July 16, 1894, says editorially:—

"We invite the attention of the profession to this new germicide, which, to us, appears to promise a wide field of usefulness in surgical and gynæcological work."

The Sensible Treatment of La Grippe and Its Winter Sequelæ.

The following suggestions for the treatment of La Grippe will not be amiss at this time, when there seem to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a 5-grain Antikamnia Tablet, crushed, taken with a little whisky or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single 10-grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness, and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing 2½ grains Antikamnia and 2½ grains Quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, editor of The Southern Clinic, has found much benefit to result from 5-grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep-seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

Scrofulous Adenitis.

Dr. Robert C. Kenner, Louisville, says "there is no affection more common in children than Adenitis, and despite the fact that parents deny any scrofula in the family, they are in most every instance purely scrofulous in their character. In these cases no remedy equals the iodides, and these given in the ordinary way are frequently followed by discouraging results." He finds, however, that iodides, given in combination,—as in Henry's Tri-iodides,—agree well with the stomach and can be taken for the longest time by persons who cannot take these salts in their ordinary form, if given in copious draughts of water.

A Promising Remedy in Affections of the Throat.

For many years nitrate of silver has enjoyed a wide popularity in various affections of the throat, especially those of chronic character. Its many objectionable features have rendered desirable, however, the introduction of a silver preparation which could

(Continued on advertising page 22.)

Digitized by Google

AS AN ANODYNE AND HYPNOTIC

...KRYOFINE...

(Methoxacet-p-phenetidin)

IS POWERFUL AND WITHOUT ILL EFFECTS.

DR. GEORGE F. BUTLER, Professor of Materia Medica and Clinical Medicine, College of Physicians and Surgeons, Chicago; Attending Physician Cook County Hospital, etc., in the course of an article in the Chicago Clinic, says:

"With the exception of morphine, no drug possesses so positive, prompt and efficient an analgesic property as Kryofine; indeed there are painful disorders—such as migraine, and particularly the pains of locomotor ataxia and certain spinal diseases—where Kryofine seems nearly as efficient as morphine, and attended with less unpleasant sequelæ."

In the services of Drs. J. Rudisch, A. Meyer and A. G. Gerster, Mt. Sinai Hospital, New York, it was found that:

"As a hypnotic in insomnia, unaccompanied by severe pain, it has proved of undoubted value."

"In a case of acute suppurative arthritis, general sepsis and pericarditis, the drug did not affect the pulse. When the child was restless at night, 2½ grains of Kryofine produced a quiet sleep, lasting several hours."—DRS. HAAS and MORRISON, New York Med. Journal.

Dose:—4-7½ grs., tablets or crystalline powder. Literature and Samples sent on request.

C. BISCHOFF & CO., NEW YORK.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

GLOBE Nebulizer

Not an Experiment,

but a practical and scientific instrument, the superior merits of which have been absolutely demonstrated in the hands of thousands of physicians.

Can be Operated Successfully

either with or without air condenser, in the office or at the bedside.

The Globe Nebulizer applies all classes of remedies to any part of the respiratory tract and midddle ear with an effectiveness never before obtainable. Each instrument is fitted with our improved mask, WITH DETACHABLE PNEUMATIC RUBBER CUSHION, and our latest improved nebulizing tube which is WARRANTED NEVER TO BECOME CLOGGED with any sort of solution. *Write for illustrated literature.*

The GLOBE MFG. CO., Battle Creek, Mich.

S GLASS & METAL S
I HIGHEST GRADE I
G FOR PHYSICIANS, G
N DENTISTS ETC. N
S J.W. RUSSELL & CO. S
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

be employed more agreeably, conveniently, and safely. Among the silver derivatives which have been brought forward in recent years, the one that presents the strongest claims to a permanent place in the materia medica is Protargol, the introduction of which we owe to Professor Neisser. Although hitherto Protargol has been chiefly utilized in the treatment of diseases of the genito-urinary apparatus and of the eyes, special mention has also been made of its value in rhino-laryngology. Its particular advantages in throat and nose work are that it is much less irritating than any other silver compound, penetrates deeply the mucous membrane without inflicting the least injury, and therefore destroys the organisms of disease, both in the superficial and deeper layers. Being freely soluble in water and devoid of unpleasant taste, it is both agreeable and convenient of application. In a recent discussion on this remedy before the Kansas City Academy of Medicine, Dr. Hal. Foster, the well-known laryngologist, stated that this new silver salt had proved beneficial in granular pharyngitis and dry rhinitis. He had found that its use in the pharynx was not as irritating as the nitrate; that it was stimulating and penetrating, and did no harm to the mucous membrane. It was also his opinion that the new drug would prove a most valuable addition to the treatment of throat diseases.

Dr. N. Allen Heaton, Washington, D. C., writes: "S. & D.'s aseptic syringe has been adopted by the surgeons of the New York Hospital. It is far superior to any other upon the market, and will do more to assist and advance hypodermic medication than any single improvement of which I am at present aware."

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

DOCTOR, Do you Keep your Accounts in the

Physicians' All-Requisite

Time- and Labor- Saving Account-Book?

If so, you know what it is to have your patients' accounts always in the most satisfactory shape attainable. If not, this is a good time to begin, and, the sooner you commence, the more you will congratulate yourself and us upon your sensible choice.

In every essential, such as **the Saving of Time, Labor, Anxiety, and Expense,** and in **Accuracy, Clearness, and Completeness of Record,** it is, by all odds, the most desirable book of its class. It is made in two sizes, as follows:—

No. 1. For 900 Accounts per Year, 300 Pages, Size, 10 x 12. Bound in ¾-Russia, Raised Back-Bands, Cloth Sides, ... **$5.00**

No. 2. For 1800 Accounts per Year, 600 Pages, Size, 10 x 12. Bound in ¾-Russia, Raised Back-Bands, Cloth Sides, ... **$8.00**

These are net prices, shipping expenses prepaid, but do not include the Custom duties to purchasers in Canada.

Send us your address and we will immediately forward you a complete descriptive circular showing in detail the plan of the book and how the accounts are kept.

MENTION SHOULD ALSO BE MADE OF

THE MEDICAL BULLETIN VISITING-LIST,

OR PHYSICIANS' CALL-RECORD.

Arranged upon an Original and Convenient Monthly and Weekly Plan for the Daily Recording of Professional Visits. Frequent Rewriting of Names Unnecessary.

Physicians of many years' standing and with large practices pronounce it **the Best List they have ever seen.** It is handsomely bound in fine, strong leather, with flap, including a pocket for loose memoranda, etc., and is furnished with a Dixon lead-pencil of excellent quality and finish. It is compact and convenient for carrying in the packet. Size, 4 x 6⅞ inches.

IN THREE STYLES.

No. 1. Regular size to accommodate 70 patients daily each month for one year, ... Net, **$1.25**

No. 2. Large size to accommodate 105 patients daily each month for one year, ... Net, **$1.50**

No. 3. In which the "Blanks for Recording Visits in" are in removable sections, ... Net, **$1.75**

N. B.—The Recording of Visits in this List may be Commenced at any Time during the Year without Loss or Waste of Space. Send for a detailed descriptive circular.

THE F. A. DAVIS COMPANY, Medical Publishers.

PHILADELPHIA: 1914 and 1916 Cherry Street.
NEW YORK: 117 West Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 South Clark Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

- It is a New Edition.
- Thoroughly Revised.
- Considerably Enlarged.
- With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
- Clear Type.
- Excellent Paper.
- Careful Presswork.
- Substantial Bindings.
- The Cost to the Physician and Student is Most Moderate and Reasonable.
- It is a Scientific Work.
- A Scholarly—that is, An Accurately-Written—Work.
- A Text-Book in Numerous Colleges.
- Warmly Commended by Teachers of Surgery Everywhere.
- The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
- Fully Abreast of the Times.
- An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: { 117 W. Forty-Second St., New York City, U. S. A.
9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XX. PHILADELPHIA, DECEMBER, 1898. No. 12.

Clinical Lectures.

AN ELECTIVE CÆSAREAN SECTION.[1]

BY G. M. BOYD, M.D.

FIRST LECTURE.

GENTLEMEN: The case for operation today is of unusual interest. While making the necessary immediate preparation, let us review the history of our patient. Mrs. K., white, aged 40 years, a multipara, was referred to the Maternity October 3, 1898, by Dr. W. S. Stewart. She has had six pregnancies, the first three going to term. In the fourth, fifth, and sixth, labor was induced at about the 250th day of gestation. She is now pregnant for the seventh time and well advanced in the last month. Her first and second labors were long and difficult,—the forceps failing, it was necessary to perform craniotomy to accomplish delivery. At the third labor, Dr. Stewart attended. He tells me that it was most difficult. After persistent effort with the axis-traction forceps she was finally delivered of a dead infant. Dr. Stewart also attended her in her fourth pregnancy. Because of the complications existing at term, he induced premature labor, but again difficulties were encountered and the child was still-born. The fifth and sixth pregnancies were also prematurely terminated with the same result.

Having this history, and being exceedingly anxious for a living child, she was admitted to the Maternity. She is a healthy woman, of average height, quite corpulent. Her last menstrual period was January 1, 1898, so that we would expect her delivery October 8th. As she stands the abdomen is pendulous. This in itself is sometimes indicative of pelvic deformity. Abdominal palpation confirms the menstrual history: she is near term, the fœtus is large, the cephalic extremity is presenting, but not engaged, being freely movable at the pelvic brim; the fœtal heart is heard on the right side, near the umbilicus.

Internal examination reveals a greatly lacerated perineum and cervix. She has a bulging cystocele and rectocele. The cervix is patulous; in fact, dilated to the extent of admitting two or three fingers. The amnion is slightly bulging. In cases of repeated difficult labor, where more or less damage to the cervix has taken place, occasionally this dilated condition is found in the latter months of pregnancy. The fœtal head has not entered the superior strait; it is large and well ossified.

The study of the bony pelvis explains greatly the difficulties encountered in the past. Our patient has a contracted pelvis, resembling somewhat the funnel-shaped pelvis, the outlet of which is greatly contracted transversely. The depth of the

[1] A clinical lecture delivered at the Medico-Chirurgical College, October 4, 1898.

Digitized by Google

pelvic canal is much increased and greatly resembles the male pelvis.

It is quite evident that to allow her to fall in labor, and let nature again take her course, would be fatal to a good result. Pubic symphysiotomy suggested itself to me as a possible means of overcoming the obstruction, but the type of pelvis contra-indicates this procedure. Then, again, we are dealing here with an obstructed labor, due not only to the pelvic deformity, but also to the excessive growth of the child.

Delivery *per vias naturales* being excluded, there was left but one course of procedure,—abdominal section. To this the patient readily consented. We will now perform the elective Cæsarean section for the relative indications.

It is well, always, just before operating, to listen for the fœtal heart. We have anticipated this, and sterilized a stethoscope, so that direct auscultation is not necessary. It is heard distinctly on the right side, on a line with the umbilicus.

Although the patient is corpulent, there exists a diastasis of the recti muscles, reducing very much the thickness of the abdominal wall in the median line. We make a free incision through this, bringing the pregnant uterus well into view. Now this incision is extended to, and slightly above, the umbilicus. You will diagnose the uterus as pregnant, from its color, softness, and the position of the appendages. A second careful incision is now made, through the uterine wall, parallel to its long axis. With this we have quite a free bleeding. The amnion is now in view and bulges into the open space, much as it would were the cervix well dilated. We rupture the membranes, and the amniotic fluid escapes. The hand is now introduced, and slowly the infant is delivered by the breech. The infant is delivered slowly, so that the uterus may be given a chance to appreciate the fact that labor has been induced, and that it must expel its contents by normal contraction. Hæmorrhage need not be feared if this course is followed.

The infant, as you see, is large, and much above the normal weight. Although the respiration is shallow and imperfect, the child's color is good and heart-action is fair. The mother has now been some time, a half hour or more, under ether, which probably explains the child's condition as due to ether-narcosis. We clamp the cord and cut it.

You will notice that the uterus has rapidly contracted upon its contents, the placenta and membranes. We now deliver the placenta by compression and gentle friction at the fundus, and freely irrigate the cavity of the uterus with hot sterile water, to insure contraction and wash away retained coagula.

We will now repair the uterine incision, using deep and superficial sutures, simple through-and-through sutures of Chinese silk, as fine as is consistent with safety.

Now the peritoneum is nicely brought in apposition with a series of superficial stitches, and the abdominal wound is closed in the same manner, using silk-worm gut. A sterile compress and binder now complete the operation.

Second Lecture.

The Cæsarean section performed October 4th will be the subject for to-day's clinic. It is now thirteen days since we operated, and our patient has made an uninterrupted recovery. To-day we will remove the abdominal sutures. It was feared, for a few days, that she would be unable to nurse her infant; but, fortunately, by increasing the diet, lactation was established. Her baby, a male infant, weighing $10\,^1/_2$ pounds at its birth, is in good condition, vigorous, and healthy. You will remember when the child was removed from the uterus it had the appearance of one asphyxiated. With Dr. Stewart's kind assistance, respiration was soon established, and in a short time the child was breathing naturally. To insure a thorough healing of the abdominal incision, we will keep the mother in bed fully four weeks.

Digitized by Google

The Cæsarean operation was once looked upon as among the gravest of surgical procedures, and seldom did the mother recover. To-day, in the hands of those thoroughly trained, it has a comparatively low mortality,—about that of the operation of hysterectomy.

Prof. Paul Zweifel, of Leipzig, had thirteen successful cases, and then lost one. Other operators in the hospitals of Leipzig, Dresden, and Vienna have had equally good results.

In the past year three cases have been operated upon with success at the Medico-Chirurgical Hospital.

Two factors have brought about the present low mortality: Strict asepsis and early operation,—not performing it as a *dernier ressort.*

You will remember that we performed the elective operation. It is an operation performed one or two weeks before term. The advantages are great. It enables the operator to carefully prepare the patient, arrange for proper assistance, and also gives him the choice of day and hour.

The Sanger Cæsarean, or cœliohysterotomy, was the operation selected. There exists a difference of opinion among the American Cæsareanists as to which is the better method, some performing the improved Cæsarean, or Sanger; others advocating cœliohysterectomy,—the Porro operation.

It seems to me that the nature of the obstruction to labor, and the condition of the patient, must be the determining factors. Cœliohysterectomy should be performed when the uterus is infected, when it is the seat of a myoma, or a malignant growth; also when the patient desires its removal. Cœliohysterotomy should be performed when the uterus is healthy, when the patient is in good condition, and does not wish the uterus removed.

To perform a cœliohysterectomy simply for the purpose of preventing future pregnancy seems to me unwise, if by simply ligating or removing the Fallopian tubes (a less mutilating operation) we can accomplish the same purpose.

Cæsarean section is performed for the absolute and relative indications.

By an absolute indication we mean a condition which admits of no other method of delivery.

By a relative indication is meant a condition in which some other method of delivery is possible.

Our present case came under the latter indication. The deformity of the pelvis could not alone be considered. It was essential to consider also the history and size of the fœtus. The most difficult problems in obstetrics are among this class. Shall we induce labor? Shall we use forceps or version, or, finally, symphysiotomy? Without the history of a previous labor, always give nature a fair trial. Let the patient go into labor. Then, if progress is not made in a reasonable length of time, assist by one of the methods suggested.

CATARRHAL JAUNDICE. ULCERATIVE STOMATITIS. WHOOPING-COUGH.[1]

By W. C. Hollopeter, A.M., M.D.,

Clinical Professor of Children's Diseases in the Medico-Chirurgical College of Philadelphia.

Gentlemen: At our last meeting, in addition to what I had to say about text-books,—about the multiplication and the division of pædiatrics,—I presented two illustrative cases. The first case was that of a little girl, 20 months of age, who was suffering from catarrhal jaundice, but I simply referred to the pathological phase of the child's case. Allow me to review the treatment very briefly.

Catarrhal jaundice is an affection without any marked symptoms. It is exceedingly rare in children under 2 years of age, no reports of such cases having as yet come to my notice. The attacks are generally ushered in with slight fever, restlessness,

[1] A Clinical Lecture delivered at the Medico-Chirurgical College on October 11, 1898.

Digitized by Google

vomiting, and constipation, but the only pathognomonic symptom is the jaundice, which shows itself in the conjunctiva and upon the skin. The tongue is generally heavily coated and dry and the vomiting may continue for some time.

I suggested that the treatment consist in avoidance of starchy foods and sweets and free purgation, commencing with small doses of calomel in broken doses, and after that the phosphate of soda.

You will notice that during our course I refer to this remedy quite frequently. The sodium phosphate is an exceedingly valuable laxative in young children. At present there is on the market a form of phosphate of soda which is much more elegant than the crystalline mass; that is, the effervescent phosphate of soda,—dose, ½ teaspoonful given to the child once or twice a day; you will find it very efficient.

Our second case was that of ulcerative stomatitis, one of those advanced cases which is exceedingly rare. It was no longer an ulcerative stomatitis, having passed on to necrosis of the superior maxillary which made it exceedingly formidable. The probabilities are that the child has succumbed to the ravages of the disease, as it has not been to the dispensary since that date.

I have not much to say in regard to the treatment, because probably you will never have in your hands a case of ulcerative stomatitis, for preventive measures will be instituted in your hands; the child will receive careful antiseptic mouth-washes, the general physical condition will be watched, and any attempt at advanced form of stomatitis will be arrested by such care and management as we will learn later on.

In the case then before us there was nothing left except careful building up of the system by constitutional measures and probably a more serious surgical procedure to remove the necrosis.

Case I.—I have an opportunity of showing you to-day a case of pertussis (child presented being taken with paroxysm of coughing). Listen, gentlemen, that will tell the story! During the coughing the child will become cyanosed,—you can see that,—which is very characteristic. The child is 6 months old; fed from mother's milk; enjoyed good health up to eight weeks ago; since then the child has been suffering from slight febrile changes, which commenced by occasional vomiting.

Before the first attack of vomiting a member of the family insisted upon giving the child food at the table. Probably the condition was associated with acute indigestion.

At this time the child was having severe attacks of coughing at short duration; the cough was hoarse and rather dry in character and sometimes seemed to have a ringing sound. The child became poorly and had fever; some days it would brighten up a little, but soon relapsed. Two weeks later the cough became more severe and paroxysmal, with increase of fever; the face had a full look and the eyes were protruding. This is one of the many cases that we have in the city at the present moment.

Whooping-cough is rather rare in infants; in fact, all my cases to-day illustrate what is quite an unusual form. Whooping-cough is generally found in children who commence to go to school; the school-room and kindergarten is the foster-ground for the development of all acute infectious diseases. Clinically, I am anxious to give you an illustration of the various characters of these cases and also the difficulty that we may encounter in the diagnosis in the early stages and the opportunities you may have to excel the treatment of the good old mother. Whooping-cough is an acute infectious disease, characterized by fever, a peculiar paroxysmal cough, catarrh of the respiratory tract, and a series of troubles that follow long afterward. It generally comes in epidemics, and occurs in large cities like this every year or eighteen months, generally from eighteen months to two years. This is probably due to the growth of new material; when a family is immunized, of course, they escape it.

Digitized by Google

It is quite unusual for whooping-cough to occur the second time, although I have had a number of cases. I had to-day, and intended to show you, a grandmother and a child, the child having a very characteristic form of whooping-cough and the grandmother not having the typical form, with fever, but whooping with greater violence and with a more metallic ring than the child. This attack is due to the fact that she was not immunized in her early years.

The text-books speak of whooping-cough as occurring in three stages, namely: the catarrhal, the paroxysmal, and the stage of decline. I will not ask you to remember the demarkations of the second and third, but only of the first and second. The catarrhal and paroxysmal are exceedingly important, because the management or the treatment of the first is not applicable in the second and third.

The symptoms of whooping-cough in the child are so vague, so ill defined from the many forms of diseases of the respiratory passage, that it takes very close discrimination to differentiate the early stages of this disease from those of influenza or the onset of many other acute infectious diseases. I am going to bear a little closely on this discriminating diagnosis, because it is important that you should seize at the very earliest moment an opportunity to recognize a case of whooping-cough. Of course, when you go into a small street or court, and there are one or two cases of whooping-cough in that court, it is readily seen that, if any additional members of the neighborhood start in with a cough or fever, you can prophesy that the child will have whooping-cough.

It is next to impossible for isolated cases to give you the proper clew until later on in the course of the disease, when, probably, a metallic ring to the cough is noticed. I have felt that there ought to be some means or way to give you a proper clew in order to enable you to institute your treatment as early as possible. Eustis Smith has placed a good deal of reliance on a scheme of his, by which he was enabled to make a diagnosis before the whooping manifested itself. The idea is this: If you place the child in the upright position, standing with its head thrown back so that it looks at the ceiling, the bending of the vessel upon the mediastinal space will create a purr or hum, which will be manifested in this position, and when the head is lowered it will disappear. He claimed that in whooping-cough the mediastinal glands were all enlarged, and in their enlargement would press upon the vessels; the bronchus would be impinged upon, and, when the head was thrown back on a parallel line with the ceiling, you would, on listening over the sternum, have that hum due to obstruction in the calibre of the tube, and that, in his estimation, was a pathognomonic sign of the existence of whooping-cough. I have never found it very reliable, because there are so many exceptions to this. In the first place, it is rarely that we find any large bronchial glands, except in those cases of disease in children of the strumous diathesis, where we have a large gland at the neck, as well as in the deeply-seated glands of the chest, and, therefore, it is impossible to find, except in very anæmic children, this condition. When you press hard on the sternum, then, of course, you get the hum, which is due simply to pressure of the stethoscope, and, therefore, I feel that this sign is not so reliable as the text-books would indicate. I feel that I can place a great deal of faith upon another sign earlier shown in whooping-cough; that is, a slight fullness and redness of the lower eyelids. This fullness and pinkish congestion of the lower eyelids is also associated with acute indigestion, and, therefore, you may have to discriminate in the child who is suffering from febrile reaction whether the child is undergoing a process of autointoxication or poisoning due to intestinal disorders or to the invasion of whooping-cough. But ordinarily if a child has a nondescript cough, one that would not allow you to say it was a bronchitis; or a cough not associated with râles, either

Digitized by Google

moist or dry; one that has no physical signs to locate it in the bronchial tubes, with pinkishness of the under eyelid; if you can eliminate acute indigestion,—then you may say the child has whooping-cough. And I want to repeat here that one of the strongest points is not only the redness and pinkishness of the eyelids, but the puffiness.

Again, the way whooping-cough commences is to be dwelt upon: All of our text-books tell us that whooping-cough is characterized by a febrile stage, a paroxysmal stage, and a stage of decline. The febrile stage is a misnomer to a great extent. I find that a great many children can have the invasion and have the peculiar cough long before the paroxysms show themselves, without very much febrile change. It is true that at night there is a greater tendency to fever, but it is the ebb and flow of the normal range. I have gone to the trouble to take a great many temperature-tracings of whooping-cough from the beginning to the end, and I find that the range is not as great as our text-books would indicate; it is not a range of 102 or 103 or even 101; the highest is 99 to 100 and 101, and then only in special cases where they are associated with some embarrassment of the digestive tract; and we can just as readily trace the febrile disturbance to this condition as we can to the invasion of pertussis.

We have encountered the greatest difficulty during the last five years when there has been so much influenza. The influenzal cough or influenzal bronchitis has been a constant stumbling-block to me. The influenzal bronchitis and whooping-cough-bronchitis are very similar, especially in the earlier stage. The only point with influenzal bronchitis is that we have a greater distribution of bronchial râles, a greater number and a greater variety. We have a soft, hard, and large rhonchus, and a decided development of bronchial catarrh; while in the first stage of whooping-cough we have the cough without so many local symptoms; we only find here and there isolated râles; there are never many, nor are they distributed over both lungs. Therefore we can discriminate oftentimes between an influenzal bronchitis and a bronchitis associated with whooping-cough. At the end of the first week, the child being poorly and coughing, especially at night, we may have the commencement of the paroxysmal stage.

It is seldom early in the paroxysmal stage that the child coughs through the day, except when it has taken food or drink or has been annoyed by its playmates,—agitated in any way,—which brings on a paroxysm that would not otherwise occur. At the end of the first week or ten days the conditions change somewhat. At night the coughing-spells are increased, and that is probably due to breathing over and over the same respired air, and the cough is intensified by the closeness of the atmosphere or the unhygienic condition of the room.

In the case before us the mother tells me that the child never whoops. As a rule, children under 1 year do not.

What I especially wish to show you in conjunction with all these cases of young children is the wretched physical state which the disease produces. Dr. Kinne has made a record that the child was very ill for a few days with a boil on its head, is losing flesh rapidly, bowels loose and green, seems to have a great deal of pain, vomits frequently, and takes very little nourishment. This, gentlemen, is a good illustration. The child was exposed to the contagion, has all the characteristic symptoms of whooping-cough, with vomiting, feverishness, and excessive cough at night, and also shows the state of affairs that always follows irregular feeding and the ravages of severe disease.

Case II.—This little child is but 5 months of age; was breast-fed for two weeks, bottles being given after that irregularly; a bottle that I saw was very suggestive in itself, and brings a pointed lesson to you. When I saw the child at half-past 12, it had had about 8 ounces: a mingling of milk and water and cream. The bottle was fairly

Digitized by Google

clean and had a regulation nipple. This meal was given the child at 10 o'clock, and it had occasionally taken from this bottle from 10 o'clock till half-past 12, the amount taken out during this time being about 1 ounce. That in itself is a very impressive lesson to you in feeding.

Of course, the first step in the management of these young patients is to regulate the feeding; but more of that later on. This child never had any other disease, but has now been sick for five weeks; has paroxysms of coughing which are whooping in character (differing therein from Case I), and cries and frets all night; has gradually lost weight; the eyes are watery and the nose is weeping.

Here is a baby which the parents say weighed ten pounds at first; it probably weighs a little more than half that at present, showing that it is undergoing a rapid deterioration, drifting into marasmus.

I want you to notice here the condition of the child: you see the fontanelle, how it is depressed; it should be nearly closed at eight months. Notice the skin of the child—yellow, dry, and scaly; and the oldish look; and, then, the marks of distress on the face. I should say that this child had a collapsed lung, because of the feeble cry and rapid superficial breathing.

The paroxysms of coughing vary from two to twenty or more in the twenty-four hours. Ordinarily they commence gradually, increasing in number as the disease goes on, until they reach probably two or three an hour, and then gradually decline.

The complications of whooping-cough are numerous: In the early stages we have nose-bleed; this is quite common, and if we have much vomiting, which is most always the case, we have hæmatemesis or hæmorrhage from the stomach. Of course, with the vomiting and the cough, we have laryngitis and tracheitis to a high degree. Then we may have pleurisy, pericarditis, and ofttimes, which is the most troublesome of all, broncho-pneumonia.

Some of the sequelæ of whooping-cough are necessary for us to notice. One of the most important is that of nephritis. Nephritis following whooping-cough is almost as constant as nephritis following scarlet fever. The involvement of the kidneys as associated with a severe attack of whooping-cough has not received the recognition by authorities that it should. I think I have made a record of something like 20 per cent. of the cases that I have seen having an involvement of the kidney. Nephritis, therefore, is a perfectly-natural sequela of the disease. With the vomiting and with the hæmorrhage of the stomach and also with the churning up of all of the intestinal tract, we have wasting and ultimately marasmus. The child wastes rapidly, as you recognize in the cases before you to-day. Wasting, therefore, is a very marked condition that we find in whooping-cough. The wasting ofttimes continues to such an extent that it goes on until the child is reduced to the merest skeleton, and then we have that form of chronic gastro-intestinal disorder known as mucous disease. Mucous disease is no more nor less than chronic gastro-intestinal catarrh; but there are peculiarities about it that are very different from ordinary gastro-intestinal catarrh, because it seems to have periods of quiescence: the child improves, then suddenly breaks down again, then improves and continues indefinitely. Not only do we have as a following of the disease involvement of the kidneys and of the intestinal tube, but this low degree of degeneration of the tissues is such as to make an open door to all the other acute infectious diseases. We know that whooping-cough very frequently follows measles and measles whooping-cough. There seems to be some peculiar relation existing. Whether it is due to the peculiar vulnerability that has been brought about by the relaxed and debilitated state of the child, we do not know, but it is a very common complication. This debilitated state of the child also predisposes to cheesy degeneration of the mediastinal glands or the bronchial glands, and hence we have a large

Digitized by Google

percentage of our whooping-cough cases succumb to tuberculosis; so that when we come to add up the mortality of the disease, as I have said to you before, we find that it is very high.

It is one of the most dangerous, as well as the most fatal, of the diseases of early life, not so much in the disease itself as in the great train of complications and sequelæ that follow it. I think that Goodhart makes a record of 12½-per-cent. mortality, and yet he is scarcely right, because no statistician can make a record of all the complications and far-fetched troubles that we often find following the disease. Be this as it may, I find that the children oft-times have evidence of the disease years and years after the subsidence of the acute symptoms.

Whooping-cough has not received the recognition that the gravity of the disorder requires. It has not received the attention from our health authorities nor from the physicians that it should. We have stringent laws regulating diphtheria, typhoid fever, and small-pox; but any practicing physician in this city can go into the smaller streets uptown or downtown at this present moment and find square after square where there will be thirty or forty children in various stages of exhaustion following whooping-cough. I do not know whether this arises from the fact that it is notoriously unsatisfactory, as far as treatment is concerned or not, but it is very certain that, while whooping-cough may not be fatal in the earlier stages, it is especially dangerous later on, and, therefore, I believe that we should have as stringent laws regulating the disease, so far as isolation and management are concerned, as we have in diphtheria or scarlet fever.

Whooping-cough, then, being one of the fatal diseases, it is perfectly natural that we find in medical literature an overwhelming quantity of therapeutic measures: the pharmacopœia is overrun with remedies that are supposed to be specifics for the disease. Its being so notoriously unsatisfactory in its treatment has given the laity the opinion of us as physicians that our treatment is so ineffective and so unproductive of good that they have relegated the treatment to themselves, and the proprietary remedies seem to have more fashionable usage than the employment of the regular, educated physician.

Whooping-cough, very much like diphtheria, has in its early stages a local habitation. It, like diphtheria, at some time in its existence has a tendency to fasten itself on the throat, and, that being so, when it is a local disease we can treat it in a local manner. I believe that the most favorable remedies are those of a germicidal and antispasmodic character, and hence all the germicides and all the antispasmodics have been used from time to time and have received favor. If whooping-cough has any resemblance to diphtheria from being local in the early stage, then you will understand why I made so much moment of the recognition of the various stages of whooping-cough,—the catarrhal stage and the whooping stage,—and, if we catch a case of whooping-cough in the catarrhal stage, then our treatment must be purely local, and, as long as we can attack the disease in its local habitation, we may hope to cut short the disorder.

I have in my mind several cases that were exposed to the contagion, had the catarrhal condition, had all the symptoms I have spoken of, and within ten days all of them vanished by the use of the hydrogen dioxide; in other words, recognizing the fact that these children had been exposed to contagion and had presented the usual symptoms of the earlier stage of the disease, I at once sterilized their naso-pharynx. And so, gentlemen, the first step that we take in the treatment of whooping-cough is to sterilize the naso-pharynx, and this treatment holds good not only in whooping-cough, but in all of the acute infectious diseases.

And now as to the choice of an antiseptic. Either Dobell's solution or hydrogen diox-

Digitized by Google

ide with glycerin is very efficient,—1 part of hydrogen dioxide and 2 of glycerin, for children above 1 year of age, and when the child is younger we would select a much milder solution,—1 drachm of dioxide to 7 drachms of glycerin,—and this is applied directly to the naso-pharynx with a piece of cotton on a probe, which is passed through the nostrils into the pharynx. In young children I put the child's head between my knees, holding the probe very lightly as we pass it down. Now, we may use either Dobell's solution or peroxide of hydrogen. I never like the peroxide of hydrogen, because of the unpleasant foamy character it makes; but the Dobell is very good. Following this we apply an oily solution of albolene, menthol, camphor, and eucalyptus; it is an exceedingly-soothing application. The treatment of the naso-pharynx in the way I have illustrated to you must be repeated two or three times a day.

A great many authorities have gained satisfaction by the application of a 2-per-cent. solution of resorcin right to the larynx. Another application of great value, especially in small children like these, is a 2-per-cent. solution of eucaine or 2-per-cent. solution of cocaine. I think eucaine is better than cocaine, because it has not so much of the poisoning effects or debilitating influence.

Internally, the remedy I have selected after scores and scores of repeated trials is belladonna or atropine. Belladonna is wonderfully well borne by children, and, therefore, we can push it to the fullest extent, but, belladonna being uncertain in its strength, I prefer the atropine. So we take 1 grain of atropine and 1 ounce of cinnamon-water and give 1 drop (equal to $^1/_{480}$ grain) for every year of the child's life, or if the child is 6 months of age I give 1 drop and repeat that every two, three, or four hours until I obtain the physiological effect, which is shown by a redness, a flushed face, a dilated pupil, and when the child is old enough to complain of it a dry throat; and, having gained that physiological effect, I would either hold it at that or gradually reduce it. Atropine ofttimes acts very nicely, but very frequently it acts better in conjunction with some one of the coal-tar products. Belladonna or atropine and antipyrine I next use, giving ½ to 1 grain of antipyrine. A new form of coal-tar product is "tussol," which is simply a combination of antipyrine and amygdalic acid. It has no more virtue than antipyrine, but I find it has gained a notoriety under the new name. These old remedies masked under new names have a tendency to confuse you. So antipyrine and atropine will be our first stronghold.

In very young children or children under 1 year of age, when we find it is not very satisfactory to give atropine and antipyrine together, I have a freshly-applied belladonna plaster: a plaster made in the shape of a triangle, fitting between the scapulas. First having the back thoroughly scrubbed, washed with soap and water and alcohol, until the pores are thoroughly cleaned out, then we put the freshly-prepared extract upon adhesive plaster having a margin, placing the plaster thus prepared on the back and letting it remain there for ten days. The constitutional effects of belladonna will soon be recognized through absorption by the skin.

Another remedy of considerable value in the management of these cases, as an antispasmodic, is that of asafœtida. To this child (6 years old) I gave nothing but common asafœtida pills, one every three or four hours. They acted very satisfactorily and reduced the number of paroxysms one-half during the first week the child was taking the asafœtida. In small children who cannot swallow the pill, I give the mistura asafœtida, 10 drops for every month of the child's life. If this is repugnant, I give ½ to 1 teaspoonful per rectum.

I select invariably remedies that the children will take. It is a very easy matter to prescribe, but another thing to get them to take it. I purpose to give you such simple therapeutics that you will not be confronted

Digitized by Google

by the parent who may say: "Doctor, the child cannot take it, so we could not give that medicine you ordered."

A very favorite prescription of some writers has been hydrobromic acid and quinine; the quinine and hydrobromic acid are supposed to be a specific, and it appears in text-books as such, but if the writers were called upon to administer that they would give one dose, but not the second. This combination is probably theoretically valuable, but practically absolutely impossible to use. I would not ask you to prescribe a combination of hydrobromic acid and quinine to a young child.

The question about out-door and in-door life is of some importance. We have passed briefly over the therapeutic management of whooping-cough; the hygienic management is as great as that of therapeutics. Every child with whooping-cough should be treated with the greatest consideration. Of course, the spoiled child will have whooping-cough much worse than the amiable child, and, therefore, it is important that in dealing with children you should take them by the smoothest way possible. Every violation of the child's will or desire precipitates a paroxysm of coughing, and every paroxysm is damaging to the child's frame. Therefore, hygienically we keep the child as quiet as possible, allowing it to go outdoors except in windy and stormy weather. Of course, cold weather is no barrier to the disease, and the more the child is out-of-doors, apparently, the better. This suggests the oxygen treatment.

Then again, about the diet. Where a great deal of vomiting has been associated with whooping-cough the diet is of very great importance. The child should be given light broths, and those broths should be administered immediately or shortly after a paroxysm, and, in that way, the child is allowed to make such headway as is possible.

A sojourn at the sea-shore is very important, and, therefore, I would advise all children suffering from whooping-cough to go to the sea-shore. It is the after-consideration that is far more important than the acute stages, and so from time to time during the course this winter we will show you cases that have suffered relapses and show the conditions that have been brought into importance by reason of the original attacks of whooping-cough.

During the few minutes we have left, I wish to speak about contagion in whooping-cough,—how long should we quarantine a child?

I think the contagious period of the disease is simply in the first two weeks,—during the catarrhal stage of whooping-cough. The old theory of imprisoning the child six, eight, ten or twelve weeks, or during the whole period of the cough (the last stage of which is only a neutral catarrh, generally produced by some external stimulus), should be exploded, and the children should of necessity be separated in the catarrhal stage only, and may be allowed to mingle with others as soon as you sterilize the naso-pharynx and render that stage absolutely inert.

LUPUS VULGARIS—CHRONIC ECZEMA—SEBORRHŒA SICCA.[1]

By John V. Shoemaker, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen: Out of the rich abundance of clinical material in our waiting-rooms I have selected four patients for the purpose of comparison and differentiation. As it happens they are all women.

Case I. Lupus Vulgaris.

The first patient is 19 years of age. The essentials of her history are as follow: At the age of 3 she had measles, from which her recovery was slow. A cervical abscess occurred as a sequela, and this also caused a lingering illness. The pus-cavity was opened a number of times before it finally healed.

[1] Delivered in the Amphitheatre of the Medico-Chirurgical Hospital.

Digitized by Google

For the last eight years the young girl has suffered from a stubborn disease of the skin of the face, neck, and chest. The eruption began behind one ear, and from that point it has gradually extended to the situations named. The lesions have in some places undergone ulceration, and at the present time I observe numerous solutions of continuity. In some situations the surface is incrusted. The lesions occupy both cheeks and temples, the upper lip and both sides of the nose and chest. They are arranged in a symmetrical manner, those upon the right corresponding to those upon the left. From the side the disease passes to the back of the neck, and those from each direction meet at the nucha. Upon the breast the eruption is displayed in circular and semicular forms.

The girl has a miserable appetite, an exceedingly weak stomach and irregular bowels. Her parents are living and healthy, but have lost one child by consumption.

Continuing my examination of the disease, I perceive another characteristic feature. In various positions, especially in or toward the centre of the larger patches, there are spots of cicatrization. This fact alone indicates that we are dealing with a disorder which, although it may be very obstinate, is not absolutely of an incurable nature. That it is exceedingly difficult to subdue is shown not only by its long duration, but also by the fact that she has, at different times, been subjected to various methods of treatment by various physicians.

About seven months ago the patch upon her breast was exposed to the influence of the Roentgen rays, in the hope of securing amendment. This hope, however, I am sorry to say, was doomed to be disappointed, for the only effect of the experiment was to produce the peculiar burn which sometimes follows exposure to that form of energy. After the burn, instead of healing, the lesions spread.

The present disease began in the patient's eleventh year. I cannot expect her, therefore, to render an accurate account of the manner in which it commenced. She has, however, become familiar with its mode of outbreak in spreading to a new part of the skin. In occupying a fresh field it invariably first betrays its presence by a small papule. The papule enlarges, others of the same kind make their appearance in the vicinity, and those nearest to each other may coalesce. In fact, I can detect such papules here and there along the margins of the diseased patches.

Case II. Lupus Vulgaris.

A second patient, 44 years of age, has a patch of disease upon the left side of the face corresponding to the situation of the malar bone. Curiously enough, in this patient also the origin of the affection dates back eight years. The malady, however, has at times within this period remained in total abeyance. It would fade away or scar over and seem to entirely heal. As you see, the recovery has not been permanent. According to the woman's statement, the disease first manifested itself after she had received a light blow upon the cheek. Her recollection is that the disease began in the form of a single spot as large as a pin's head, that is to say, in medical language, as a papule. There have been no pain, darting or shooting sensations in the affected area. The patient tells me that her general health has been good.

In the mode of origin and progress of these two cases there is a very close resemblance. Both are of tardy course, both began in youth, or before middle age; in both the first manifestation was a papule situated within the skin; in both numerous papules have developed, and many of those in juxtaposition have run together to constitute variously sized patches; in both there has been some incrustation and superficial ulceration. In both cases the disease has spread along the margins of the patches, while the centres showed some disposition to cicatrize and heal. In the more pronounced of the two cases I can verify the history given by the patient. In those spots

Digitized by Google

where the malady is most active at the present time I perceive that the borders are surrounded by papules imbedded in the substance of the corium. In the middle of the larger and older patches are cicatrices which contrast sharply by their whitish color with the reddened surface by which they are surrounded. I am, therefore, brought to the conclusion that both these patients are afflicted with one and the same disease. Now, the papules, nodules, and tubercles which originate within the skin are evidently, from the length of time during which they persist without exciting inflammatory action in their neighborhood, of new formation; that is, they belong to the class of tumors of the skin. From the age of the subjects and from the length of time during which the disease has existed, we may exclude malignant disease, or carcinoma. It is true that sarcoma often begins in young people, but sarcoma runs a rapid course, and in this respect is more malignant than epithelioma. Moreover, the epitheliomatous ulcer is deep, ragged and yawning, its edges are hard, undermined, or everted. The bottom of the malignant ulcer is deep red in color, fungous and disposed to bleed. Prior to ulceration the lesions of cancer are of stony hardness, while those present in these two cases are of only moderately firm consistence.

Do the cases now before us bear a resemblance to syphilis? The tubercles of syphilis are of a coppery color; they usually develop more rapidly than those of the cases now before us, and they are scattered in various localities. In the present cases the brunt of the attack is borne by the face.

Having excluded malignant disease and syphilis, I am led to form the opinion that we are here dealing with lupus vulgaris. I frame this diagnosis because the lesions of lupus agree precisely in their course of evolution and involution with those now under our eye. Lupus vulgaris is characterized by new growths in the derma, which slowly enlarge, which coalesce, which may undergo resolution and absorption, or which may pass on to ulceration and subsequent cicatrization in part or in whole. In all these features you observe an agreement, and we may therefore confidently form our diagnosis.

The mode in which the ulceration of lupus proceeds gives rise to several well-marked clinical varieties. In describing the cases before us I have made use of the term superficial ulceration. Ordinarily, indeed, the ulcer of lupus is superficial in comparison with that of cancer or late syphilis, yet there are cases in which it eats as deeply as the worst case of cancer and terminates just as certainly in death. In exceptional instances the inflammatory features of a case excite so much papillary outgrowth as to warrant us in speaking of lupus hypertrophicus or lupus verrucosus.

Lupus vulgaris generally begins in youth, often before the attainment of puberty, but, as a rule, perhaps, I might place its time of appearance between the sixteenth and thirtieth year. It is between these dates that most of the cases coming under observation at this clinic commence. Lupus may extend to an adjacent mucous membrane from the skin. In some instances it locates itself primarily upon the mucous membrane. The disease attacks both sexes in about equal proportion. The tendency of recent years is to regard lupus as of tuberculous character, from the fact that the bacillus tuberculosis is sometimes found in the lesions, though in small numbers. Nevertheless, this view of its nature is not yet universally accepted. It is true that some subjects of lupus subsequently die of tuberculosis of the lungs, but the greater number continue indefinitely to enjoy tolerable health. The proportion in whom the lungs become involved is much less than in tuberculosis of gland, joint, or bone.

The objects of treatment in lupus vulgaris are to destroy the neoplastic cells, to promote cicatrization, and to correct anything that may be amiss in the general condition. Although I have said that the patients are, or consider themselves to be, in

Digitized by Google

sound health, yet careful examination will often find some defect of nutrition. The systemic management must depend upon the nature of this defect.

The general health of the first patient, the young woman, is certainly below par. She is weak, anæmic, her stomach is excessively irritable, and her digestive functions are poorly performed. Therefore we shall begin the constitutional treatment with a combination that will strengthen the tone of the nervous system and digestive apparatus. She shall be given internally 1 minim each of tincture of nux vomica and liquor potassii arsenitis, in a little water, and the dose will be gradually increased to 3 minims of each preparation. She shall be kept under observation, and the subsequent management will necessarily depend upon her condition from time to time.

Locally, upon both these patients we shall, in the first place, apply pure carbolic acid. In the younger patient the application shall be made only in those spots where the disease is in active progress. In the older woman the area involved is not great, and it may all be touched. The application is made twice a week, upon a piece of absorbent cotton. The second patient shall also be given the following ointment, which she shall be directed to use upon the affected surface in the intervals between the application of the phenol:—

℞ Acidi carbolici, m. xx.
Hydrargyri ammoniati, gr. xx.
Unguenti zinci oxidi, ℥j.

M. et ft. ungt.

This second patient shall also be given internally $^1/_2$ minim of creasote and 2 grains of pure pepsin, in capsule, three times a day.

Case III. Chronic Eczema.

The third patient is 45 years of age. She comes to us on account of an eruption upon the face. The disease began, five years ago, upon the right cheek, in the form of small blisters. Thence it spread to the forehead and chin. At the present time there are a number of dark red, almost livid, spots, of moderate dimensions, scattered upon the face. Some are also situated upon the neck. These spots are the seat of intense itching. They exist nowhere except upon the face and neck. The lesions have not been vesicular for some time past. The patient says that they bleed, but when I inquire particularly upon this point it appears that they bleed because she has formed a habit of picking them with a needle.

The history of this case and the aspect of its lesions are entirely different from those in the two preceding cases. Here I ascertain that the lesions are due to inflammatory infiltration, and not to the deposit of new tissue. This infiltration is diffuse and not collected into well-marked papules or tubercles. In other words, this disease is an inflammation and not a new growth. This affection is attended by severe itching; the cases of lupus were not characterized by this annoying symptom. In the present case there is a history of a former watery discharge; in the lupous cases there had never been such a manifestation. In lupus we witnessed scars; in the case now before us, though it has lasted for five years, there is not a trace of cicatrization. In this third case there is some burning sensation, as well as itching, and it is in hope of relieving these symptoms that the patient picks the lesions with a needle.

The presence of infiltration, no less than the duration of the case, assures me that we have here to do with a chronic disease, one which is, as I have said, of inflammatory nature. Now, the disease of the skin which begins with small vesicles, and which proceeds to infiltration as a sequel, is emphatically eczema, and beyond doubt it is with a chronic case of that disease we are here confronted. You must not make the mistake that because moisture is such a prominent feature of eczema that therefore every stage and every case of the malady must be accompanied by a discharge.

As an essential preliminary to a study

Digitized by Google

of cutaneous affections you must acquaint yourselves with the anatomy and physiology of the skin. Without this fundamental knowledge you will never arrive at a correct conception of the diseases of the skin. Furthermore, before we are prepared to enter upon the study of these various diseases we must acquire a competent understanding of the general pathology of the integument. When we approach the subjects of symptomatology and diagnosis, it is requisite that we learn the primary lesions, so that we may always be able to identify them, and when we have thus qualified ourselves we have gone far toward possessing an ability to recognize the disorders with which we may be brought into contact.

The peculiarity and, it must be confessed, the puzzling feature of eczema is, that it may begin in any one of four varieties, distinguished by the presence of four primary lesions. These are the erythematous, vesicular, pustular, and papular forms of eczema. Any one of these forms is capable of being transformed into any other, and they may all occur as acute or chronic affections. A number of secondary changes may also take place in the progress of any case, and these all assist to confuse the clinical picture.

If these few brief statements should tend to impress you with the difficulty of the subject, on the other hand I can encourage you by pointing out that they also, like a golden thread, will give you a clue to the numerous transformations which the disease may undergo. Among secondary lesions frequent in eczema are scales, crusts, and fissures. Fissures ensue in consequence of a stiffened, inelastic, infiltrated skin, which, when pulled upon by its intrinsic muscular fibres, cracks and tears, because it can no longer stretch. These facts lie at the basis of our knowledge of eczema, and during the course of the session you will find me recur to them again and again, for I wish to impress them firmly upon your mind.

In an individual case of chronic eczema we may find one or all of the features of its four principal varieties, but the distinctive manifestation which is always present is infiltration. There may or may not be moisture, but we will ordinarily obtain a history of "weeping" at some period of its existence. Itching is scarcely less troublesome in the chronic than in the acute stage of eczema.

In this particular case the patient has irritated and aggravated the lesions by picking at them and expressing the blood. Thus they were subjected to mechanical violence and exposed to the danger of infection.

When, in addition to all the difficulties at which I have already hinted, we consider how the aspect of eczema may be altered by the age of the patient and the locality in which it may appear, we may comprehend why the disease has been called protean.

You will infer from what has gone before, that the successful treatment of eczema is a matter which demands considerable skill, and depends upon an intelligent recognition of the nature and stage of the disease. In the acute variety mild and soothing local remedies generally accomplish the most good. The lesions of the chronic stage usually require more or less stimulation. In both the acute and chronic stages patients often need constitutional treatment, dependent upon the cause to which the particular case is due. The causes of eczema are extremely various. Both internal and external sources of irritation are reflected upon the integument, in the form of eczema. This fact shows the unwisdom of restricting the management of the disease to local remedies.

In the case now before us I shall order for internal administration the wine of antimony, in 5-minim doses, three times a day. Antimony has a distinct field of usefulness in diseases of the skin. It promotes elimination and lessens infiltration, and will prove of value in this case, where infiltration is the chief feature.

For local treatment the patient shall be ordered oil of cade, some of which she shall

Digitized by Google

rub night and morning with her finger-tips into the affected spots. After this has been done an ointment shall be applied composed of:—

℞ Sulphuris sublimati, gr. xxx.
Acidi salicylici, gr. xx.
Camphoræ, gr. x.
Chloralis, gr. xx.
Unguenti zinci oxidi, ℥j.
M. ft. ungt.

CASE IV. SEBORRHŒA SICCA.

This young woman, 20 years of age, has been troubled for eighteen months with crusts upon the scalp and loss of hair. This is a serious matter to so young a woman. The hair, in addition to being scanty, is dry and devoid of lustre. The girl is pale, her tongue is pale and tremulous. I search her scalp and find it plentifully covered with dry, yellowish, greasy crusts. These consist of dried, thickened, and altered secretion of the sebaceous glands. These glands generally open into the hair-follicles, and their secretion—the sebum—is contributory to the nutrition of the hair, and especially concerned in rendering the hair pliable and lustrous. Normal sebum is a semisolid, fatty material, and contains about 40 per cent. of olein and palmatin, besides casein, gelatin, some salts, etc. Disorder of the sebaceous glands is attended by changes in the composition and appearance of the sebum. The secretion is thrown out in abundance and either remains upon the surface as an oily smear or dries into a greasy crust. The disease from which this young woman suffers is known as seborrhœa. According to the consistence of the seborrhœal discharge, the affection is subdivided into two varieties, called, respectively, seborrhœa oleosa and seborrhœa sicca. The patient in our midst is afflicted with the latter variety. The dry form is more common upon the scalp and the oily variety upon the face.

It is decidedly unpleasant to have a shining, oily face, or an incrusted scalp; but in the latter event a distressing sequence is to be apprehended. The daily shedding of hair, which now occurs upon the head of this patient, will pass on to more or less complete baldness if its progress cannot be checked. In the mind of a girl of 20 the idea of approaching baldness creates consternation.

Seborrhœa depends upon the operation of either local or general causes, or both combined; but a very frequent remote origin is some form of constitutional debility. In this patient we may undoubtedly attribute it to the anæmia which is present. Therefore, I shall prescribe a ferruginous and tonic pill, thus composed:—

℞ Calcii sulphidi, gr. ss.
Ferri pyrophosphatis, gr. j.
Extracti nucis vomicæ, gr. i-x.
Extracti belladonnæ, gr. i-x.
Extracti hydrastis, gr. i-ij.

M. et ft. pil. No. j. Mitte tales No. xx.

Sig.: One pill to be taken after each meal.

For a local application to the scalp cod-liver-oil is one of the best remedies which we possess, but its unpleasant odor will, in many instances, forbid its use. In this case I will order for direct employment upon the scalp:—

℞ Acidi borici, ℥j.
Ammonii chloridi, ℥ij.
Aquæ destillata, ℥iv.
M. ft. sol.
Sig.: For external use.

Original Communications.

PASSIFLORA INCARNATA—ITS PHYSIOLOGICAL ACTION.

BY ISAAC OTT., A.M., M.D.,

Professor of Physiology in the Medico-Chirurgical College, Philadelphia.

THIS drug is one which seems to deserve some study of its action. It has considerable sedative power, quieting a case of acute mania when 30 grains of trional failed. I

Digitized by Google

employed Daniel's concentrated tincture. An ounce was evaporated at a gentle heat to drive off the alcohol, then an ounce of water was added to it, and the solution used for experiment after a previous filtration through cotton.

General Action.

Experiment 1. Frog.

Time.	
1.42 P.M.	injection of 10 gtt. passiflora incarnata subcutaneously
1.45	jumps about when pinched
1.50	jumps about, seems excited
1.55	another injection of 10 gtt. passiflora incarnata
1.56	weakness shown in anterior extremities
2.10	jumps about when pinched
2.47	injection of 10 gtt. passiflora incarnata
3.05	jumps about when pinched
3.10	quiet, except when disturbed; seems to have exaggerated reflexes.

Muscle.

Upon the muscle-curve passiflora did not exert any perceptible influence.

Experiment 2. Frog.

Time.	
8.43 A.M.	injection of 1 ounce of a watery solution of passiflora incarnata
8.50	hops around
8.55	jumps when disturbed
9.05	when laid on his back does not make any effort to assume his normal position
9.06	voluntary movements feeble; reflexes exaggerated
9.10	nearly paralyzed; drags posterior extremities
9.12	voluntary movements lost
9.15	paralyzed
9.20	if pinched twitches
9.40	sensibility lost; when thrown on back twists his leg
9.45	heart beats 42 times per minute; motor nerve irritable at 200 millimetres, Dubois's coil

These experiments show that passiflora in frogs causes a paralysis of motion; but the motor nerves remain quite irritable. The muscles are also irritable, hence the motor paralysis must reside in the spinal cord.

Experiment 3. Frog.

Time.	
8.30 A.M.	artery and vein ligated of left posterior extremity, and 1 ounce of passiflora incarnata injected subcutaneously
8.34	jumps about
8.35	reflexes alike in both posterior extremities
8.45	Reflexes alike in both posterior extremities; muscular weakness manifested; only feeble movements when pinched; sensibility lessened in both posterior extremities
8.47	weakness marked in anterior extremities
8.50	if laid on back he again assumes his normal position
9.10	sensibility lost; if laid on back he twitches his posterior extremities
9.12	paralyzed
9.15	H_2SO_4. Reflex in both posterior extremities alike
9.20	motor nerve irritable at 370 millimetres, Dubois's coil

Ligation of the artery and vein of one leg does not prevent a loss of sensibility, hence it must affect the spinal cord, as the motor nerves and muscles are irritable.

Reflexes.

Experiment 4. Frog. Sulphuric acid reflex; cerebrum ablated.

Time.		Metronome beating 100 times per minute.
11.21 A.M.		15
11.23	inj. of $^1/_{10}$ oz. passiflora	
11.28		13
11.31		34

Digitized by Google

11.35	32
11.40	17
11.45	22
11.50	20
11:55	40
12.00 M.	36
12.05 P.M.	57
12.10	80
12.15	100
12.20	no reaction
12.25	no reaction
12.30	no reaction

EXPERIMENT 5. Frog. Sulphuric acid reflex; cerebrum ablated.

Time.	Metronome.
8.10 A.M.	28
8.11 inj. of $^1/_{20}$ oz. passiflora incarnata	
8.15	43
8.20	89
8.25	56
8.30	71
8.35	97
8.40	96
8.45	did not respond
8.50	did not respond

EXPERIMENT 6. Frog. Sulphuric acid reflex; cerebrum ablated.

Time.	Metronome.
10.30 A.M.	26
10.33	28
10.35	32
10.36 inj of $^1/_{30}$ oz. passiflora incarnata	
10.40	48
10.45	80
10.50	107
10.55	109
11.00	no reaction
11.05	no reaction

EXPERIMENT 7. Frog. Sulphuric acid reflex; cerebrum ablated.

Time.	Metronome.
1.38 P.M.	18
1.40 inj. of $^1/_8$ oz. passiflora incarnata	
1.45	27
1.50	23
1.55	17
2.00	23
2.05	38
2.10	56
2.15	60
2.20	63
2.25	70
2.30	100
2.35	no reaction
2.40	no reaction

These experiments indicate that passiflora reduces the reflex irritability of the spinal cord, although in a few cases the reflexes were temporarily exalted.

EXPERIMENT 8. Frog. sulphuric acid reflex; cord severed from medulla.

Time.	Metronome.
9.04 A.M.	19
9.05 inj. of $^1/_{20}$ oz. passiflora incarnata	
9.10	27
9.15	16
9.20	57
9.25	no reaction
9.30	no reaction
9.35	no reaction

EXPERIMENT 9. Frog. sulphuric acid reflex; cord severed from medulla.

Time.	Metronome.
9.39 A.M.	14
9.40 inj. of $^1/_{20}$ oz. passiflora incarnata	
9.45	10
9.50	11
9.55	11
10.00	10
10.05	19
10.10	12
10.15	13
10.20	13
10.25	14
10.30	17

Section of spinal cord did not perceptibly alter the results, showing that the inhibition in the brain was not excited.

Digitized by Google

CIRCULATION.

EXPERIMENT 10. Frog. Cerebrum ablated.

Time.		Pulse.
9.00.45	A.M.	19
9.01.00	inj. 1/5 oz. passiflora	
9.01.15		19
9.01.30		16
9.01.45		16
9.02.00		16
9.02.15		15
9.05.45		14
9.06.00		14
9.11.45		13
9.12.00		14
9.12.15		13
9.17.45		13
9.10.00		13
9.18.15		13
9.20.45		14

Experiments on the frog's heart show that passiflora incarnata has hardly any effect on the rate of pulsation.

EXPERIMENT 11. Rabbit; etherized; jugular prepared.

Time.		Pulse.	Pressure.
1.35.00	P.M.	57	122
1.35.15		54	122
1.35.30	inj. of 1/16 oz. passiflora	54	100
1.35.45		53	116
1.36.00		52	118
1.36.15		52	116
1.36.30		53	116
1.36.45		52	120
1.37.00		53	120
1.37.15	inj. of 1/16 oz. passiflora	52	110
1.37.30		52	114
1.37.45		53	122
1.38.00		52	128
1.38.15		53	130
1.38.30		52	126
1.38.45		52	118
1.39.00		53	120
1.39.15	inj. of 1/16 oz. passiflora	55	100
1.39.30		54	116
1.39.45	inj. of 1/16 oz. passiflora	52	100
1.40.00		53	114
1.40.15		53	114
1.40.30		55	118
1.40.45		54	120

EXPERIMENT 12. Rabbit; etherized; jugular prepared.

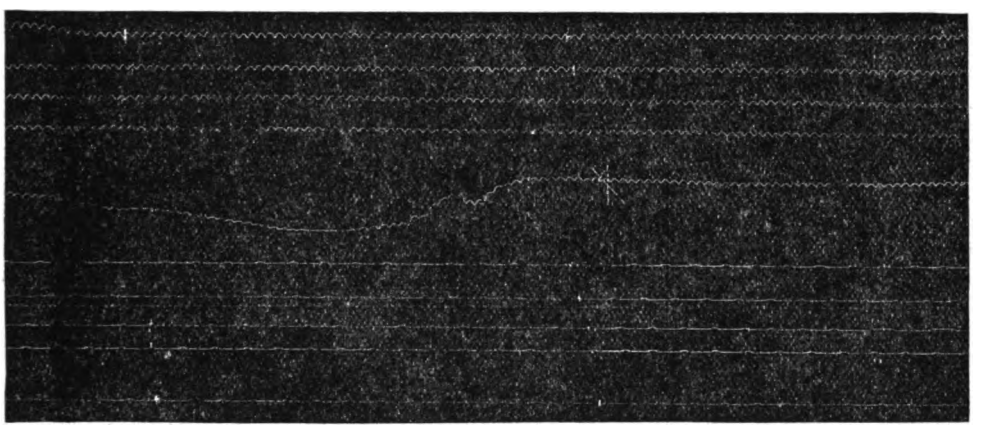
Time.		Pulse.	Pressure.
9.15.00	A.M.	63	120
9.15.15		65	118
9.15.30	inj. of 1/8 oz. passiflora	56	96
9.15.45		67	108
9.16.00		66	110
9.16.15		65	110
9.16.30	inj. of 1/8 oz. passiflora	58	96
9.16.45		62	108
9.17.00		61	110
9.17.15		61	112
9.17.30		62	112
9.17.45		61	112
9.18.00	inj. of 1/8 oz. passiflora	52	104
9.18.15		59	114
9.18.30		60	110
9.18.45		60	110
9.19.00		61	112
9.19.15		62	112
9.19.30	inj. of 1/8 oz. passiflora	58	100
9.19.45		61	118
9.20.00		60	106
9.20.15		60	118
9.20.30		61	118

EXPERIMENT 13. Rabbit; etherized; jugular prepared.

Time.		Pulse.	Pressure.
12.17.30	P.M.	56	120
12.17.45	inj. of 1/8 oz. passiflora	46	86
12.18.00		47	106
12.18.15		55	106
12.18.30	inj. of 1/8 oz. passiflora	53	90
12.18.45		55	108
12.19.00		55	108

Digitized by Google

12.19.15		54	108	9.42.45		44	74
12.19.30		55	108	9.43.00	inj. 1/6 oz. passiflora incarnata	44	70
12.19.45		54	110				
12.20.00		54	110				
12.20.15	inj. of 1/8 oz. passiflora	53	94	9.43.15		46	68
				9.43.30		46	67
12.20.30		54	114	9.43.45		46	66
12.20.45		56	108	9.44.00		46	66
12.21.00		56	108	9.44.15		47	68
12.21.15		55	108	9.44.30		48	68
12.21.30		56	108	9.44.45		48	68
12.21.45		57	110	9.45.00		47	68
12.22.00		57	110	9.48.15		47	82
12.22.15		56	110	9.48.30		47	86
12.22.30		57	112	9.48.45		48	84



Passiflora incarnata: one-half drachm (℥ss) of watery infusion per jugular.

These experiments show that passiflora only temporarily reduces the frequency of the heart-beats and the arterial tension (see Fig. 1).

EXPERIMENT 14. Rabbit; etherized; jugular prepared; vagi cut.

Time.		Pulse.	Pressure.
9.41.00	A.M.	49	98
9.41.15		48	98
9.41.30		48	96
9.41.45	inj. per jugular 1/6 oz. passiflora	46	76
9.42.00		46	78
9.42.15		46	76
9.42.30		45	74
9.49.00		49	84
9.49.15		49	82
9.49.30		49	82
9.49.45		49	80
9.50.00		49	80

The pulse falls temporarily, as it did before the vagi were cut.

EXPERIMENT 15. Rabbit; etherized; jugular prepared and 1/25 grain atropine given per jugular.

Time.		Pulse.	Pressure.
9.00.00	A.M.	52	108
9.00.15		51	108
9.00.30	inj. of 1/6 oz. passiflora	47	92
9.00.45		50	102

Digitized by Google

9.01.00		49	106
9.01.15		48	106
9.01.30		49	106
9.01.45		49	106
9.02.00		48	108
9.02.15		47	108
9.02.30		48	108
9.02.45		48	108
9.03.00		49	110
9.03.15		48	110
9.03.30		48	110
9.03.45		49	110
9.04.00		49	110
9.04.15		48	110
9.04.30		49	110
9.04.45		50	110
9.05.00		50	110
9.05.15		49	112
9.05.30	inj. of $^1/_6$ oz. passiflora	47	96
9.05.45		50	104
9.06.00		49	110
9.06.15		48	110
9.06.30		47	110
9.06.45		49	110
9.07.00		48	112
9.07.15		48	112
9.07.30		49	112
9.07.45		49	112
9.08.00		49	114
9.08.15		50	112
9.08.30		50	118
9.08.45		49	120
9.09.00		50	120
9.09.15		49	118
9.09.30		50	116
9.09.45		50	116
9.10.00		49	116
9.10.15		49	116
9.10.30	inj. of $^1/_6$ oz. passiflora	48	106
9.10.45		48	124
9.11.00		49	120
9.11.15		48	116
9.11.30		49	116
9.11.45		50	116

The paralysis of the vagi by atropine does not prevent the temporary fall of pulse, showing that the peripheral ends of the vagi have no action in lowering the heart-beat.

EXPERIMENT 16. Rabbit; etherized; jugular prepared; tracheotomy performed; artificial respiration; spinal cord severed between atlas and occiput; cardiac nerves in neck cut; verified post-mortem.

Time.		Pulse.	Pressure.
11.37.00	A.M.	54	38
11.37.15	inj. of $^1/_{10}$ oz. passiflora	54	38
11.37.30		54	38
11.37.45		53	36
11.38.00		52	34
11.38.15		51	32
11.38.30		51	30
11.38.45	inj. of $^1/_{10}$ oz. passiflora	51	30
11.39.00		50	32
11.39.15		51	30
11.39.30		50	30
11.39.45		51	30
11.40.00		52	30
11.40.15		51	30
11.40.30		51	28
11.40.45		50	28
11.41.00		52	28
11.41.15	inj. of $^1/_{10}$ oz. passiflora	51	28
11.41.30		50	28
11.41.45		48	29
11.42.00		46	28
11.42.15		47	28
11.42.30		46	28
11.42.45		45	28
11.43.00		45	28
11.43.15		45	28
11.43.30		44	26
11.43.45		44	26
11.44.00		44	26
11.44.15		44	26
11.44.30		43	26
11.44.45		40	26

Removal of the influence of the main vasomotor centre shows that passiflora then causes no fall of pressure, hence the descent of arterial tension must be caused by a tem-

Digitized by Google

porary action on the medullary vasomotor centre.

Respiration.

Experiment 17. Rabbit; etherized; jugular prepared and tracheotomy performed.

Time.		Respirations.
9.00.30	A.M.	13
9.00.45	inj. of $^1/_{10}$ oz passiflora	16
9.01.00		15
9.01.15		15
9.01.30		16
9.01.45		17
9.02.00		16
9.02.15	inj. of $^1/_{10}$ oz. passiflora	16
9.02.30		16
9.02.45		17
9.03.00		16
9.03.15		18
9.03.30		18
9.03.45		17
9.04.00		17
9.04.15		17
9.04.30		18
9.04.45		14
9.05.00		18
9.05.15		19
9.05.30		17
9.05.45		18
9.06.00		17
9.06.15		17
9.06.30		17
9.06.45	inj. of $^1/_{10}$ oz. passiflora	16
9.07.00		17
9.07.15		18
9.07.30		15
9.07.45		16
9.08.00		16
9.08.15		16
9.08.30		15
9.08.45		16
9.09.00		15
9.09.15		14
9.09.30		14
9.09.45		14
9.10.00		14
9.10.15		13
9.10.30		13
9.10.45		13
9.11.00		12
9.11.15		13
9.11.30		13
9.11.45		13
9.12.00		12
9.12.15		12
9.12.30		12
9.12.45		12
9.13.00		12

Passiflora seems to slightly increase the number of respirations.

Experiment 18. Rabbit; etherized; jugular prepared; vagi cut and tracheotomy performed.

Time.		Respirations.
10.43.15	A.M.	11
10.43.30		11
10.43.45	inj. of $^1/_6$ oz. passiflora incarnata per jugular	09
10.44.00		08
10.44.15		11
10.44.30		12
10.44.45		13
10.45.00		13
10.45.15		13
10.45.30		14
10.45.45		15
10.46.00		16
10.46.15		16
10.46.30		16
10.46.45		20
10.47.00		20
10.47.15		19
10.47.30		19
10.47.45		20
10.48.00		19
10.48.15		19
10.48.30	inj. of $^1/_6$ oz. passiflora incarnata per jugular	11
10.48.45		14
10.49.00		20
10.49.15		19
10.49.30		21

Digitized by Google

10.49.45	21
10.50.00	20
10.50.15	21
10.50.30	20

This experiment demonstrates that section of the vagi does not prevent the increase of respiration-rate.

It is evident that in passiflora incarnata we have a drug of considerable power, producing a depressant action upon the reflex activity of the spinal cord. In cases of acute mania it arrests the exaggerated activity of the cortex. Upon the circulation it only temporarily reduces the pulse and arterial tension. The fall of arterial pressure seems to be due to an action upon the main vasomotor centre in the medulla oblongata. Upon the rate of respiration it seems to act as an excitant. These facts show that it can be administered in large doses without any danger to the heart or respiration-centre. As nearly all other nerve-sedatives greatly depress the heart and respiratory apparatus, it is a great advantage of this drug that it does not affect these organs except in a temporary manner.

PHYSIOLOGICAL LABORATORY.

DOES DIPHTHERIA DESTROY THE EFFECT OF VACCINATION?

BY AARON HOWELL, M.D.,

CAMDEN, N. J.

I WISH to describe a few cases in which diphtheria seemed to destroy the effect of vaccination.

Case I.—Was vaccinated in childhood with humanized vaccine-virus. The scar is plainly visible at this time and is about 10 millimetres in diameter. During the last sixty years this patient has been successfully vaccinated four different times, each time the effect being less than on the former occasion. The third and fourth operations were done with ivory points. After having a very severe attack of diphtheria, at an advanced age, vaccination was again performed. The areola extended three or four inches around the place of scarification. The scar left was large and pitted, the result being greater than on any previous occasion.

Case II.—Was vaccinated when about three years old with humanized virus, leaving a scar about 12 millimetres in diameter, with several pits in it. The family physician pronounced it perfect. Vaccination was again performed at 19 years of age. This, too, was successful, being pustular and umbilicated. Small-pox made its appearance in the neighborhood a few years afterward. The operation was again done, with an ivory point this time. The scar was 6 millimetres in breadth. About ten years after this was again vacoinated with points. This procedure, as before, was successful, but the scar was only 4 millimetres in breadth. About the same space was scarified at each operation. All the scars are now easily seen.

Some time after this the patient had diphtheria. Two years after recovery vaccination was again performed with an ivory point. This time the arm was very much inflamed and painful. Quite a number of pustules appeared. After the scab dropped off there remained a scar about 12 millimetres in diameter.

Case III.—Was vaccinated when a child with humanized virus. The family physician pronounced it a successful result. The scar can scarcely be discerned now, but seems to have been large. At least five times during thirty years attempts at vaccination have been made with scabs and ivory points, but all to no purpose, every one proving a failure. After contracting diphtheria the operation was repeated with a point, and the case passed through all the different stages of a successful vaccination, leaving a good-sized pitted scar.

Case IV.—Was vaccinated when young, and the doctor said "it was all right." The scar has that appearance. Some years later was again vaccinated, but it "did not take." After the last trial the patient had diph-

Digitized by Google

theria twice, several years apart. Four years after the last attack I used an ivory point and was exceedingly successful. The inflammation extended from the shoulder to the wrist, and was accompanied with considerable fever, enlargement of the axillary glands, headache, and backache. Fifteen to twenty pustules developed. In about fifteen days a scab formed, which fell off ten days later. The scar was the size of a quarter of a dollar.

Now what conclusion can be drawn from these cases?

Nos. I and II were successfully vaccinated several times during a long period. The effect diminished at each operation; but after having diphtheria the result was greater than at first.

No. III was vaccinated when a child. No effect whatever was subsequently produced until an attack of diphtheria, when the effect was greater than at first.

No. IV was successfully vaccinated in childhood, and one subsequent failure occurred; but after having diphtheria twice the result was astonishing.

Does this case prove that the oftener one has diphtheria the greater will be the effect of vaccination, and the more need of it to prevent or mitigate small-pox?

Do these cases prove that every one having diphtheria should be revaccinated? If so, then another question arises:—

Should it be done after taking antitoxin into the system?

111 North Sixth Street.

NEURASTHENIA, WITH SPECIAL REFERENCE TO THE BEST MODE OF TREATMENT.

By Arthur E. Mink, M.D.,

Professor of Mental and Nervous Diseases in the College of Physicians and Surgeons; Consulting Neurologist to the City Hospital, and to the Baptist, Jefferson, and Woman's Hospitals,

St. Louis.

Of all conditions to which man or woman is liable, none is more common than that having the above title.

The question before us is one of great import and has presented difficulties by the score; but experience, more worthy if less fascinating than the most ingenious theorizing, has at last brought to light methods of quick diagnosis and properly applied therapeutics. This neurosis is to be found in every class of society, from the banker to the laborer; neither is it confined to any particular quarter of the globe. It is everywhere. The writer does not propose, in this short article, to attempt to deal exhaustively with the problem, but rather to group together under the head of suggestions a few facts of general interest to the medical profession.

In a general way neurasthenia may be defined as a nervous exhaustion (or prostration or debility); a condition characterized by a deranged state of the nervous system appearing in the early and middle period of adult life, presenting objective symptoms, slight in degree but definite in character, and persisting for months, for years, or for life. Usually there are inability to walk more than a short distance without fatigue; a variable increase of myotatic irritability; headache, aching, or pain in the back and legs; and spontaneous sensations of tingling, formication, heat, and cold.

Dyspepsia, constipation, and other derangements of the functions often result in a distressing form of anæmia.

There is a mental phase in the condition, the patient being irritable, unable to pursue a consecutive train of thought; or there may be a cheerful, egotistical resignation.

It may be due to many causes: masturbation or excessive venery, and associated with an absence of sexual desire, or of the power of erection or ejaculation, and sometimes with the various forms of sexual perversion, or vasomotor paresis, associated with irritable heart.

I presume it is true that the popular ideas are often more extreme in this direction than those of the most conservative, at least, of the profession, and that a certain amount of treatment is undertaken quite as much

Digitized by Google

to satisfy the wishes of the patient, his or her friends, as to carry out the requirements of a well-considered diagnosis.

I look upon the condition as one entirely of impaired nutrition. The fact that the attention of nervous women is so frequently and strongly directed to their pelvic organs proves no more and no less than the kindred facts of nervous dyspepsia, cardiac disease, or spine disease,—a variety of nerve-starvation. The cessation of sexual activity in the female is marked in the popular, even more than in the professional mind, by a decided tendency to nervous disorders.

Such, usually, have all the imaginary ills of the human family, and here it is that properly-directed control of the patient as to medication is so desirable.

All of the various symptoms of neurasthenia, be they sensory or motor, psychic or somatic, slowly but surely yield to general systemic and tonic treatment, and disappear, *pari passu*, with the restoration of the nervous system to its normal condition.

In combating the insomnia usually present in aggravated cases, I use drugs only as a last resort, for a properly-regulated time for meals and attention to the diet usually suffices. Sometimes I have found it absolutely necessary, however, to temporize, and one of the most valuable agents for this purpose, in my opinion, is a first-class preparation of cannabis Indica,—I use a fluid extract, giving 10 to 15 minims on sugar, and repeat as the urgency of circumstances requires. It is not only a valuable hypnotic, but it also relieves the mental depression, the general restlessness and paræsthesias and paralgias of this neurosis. Constipation can be relieved by gentle massage and a regular hour of going to the stool daily. It is absolutely wrong to give the patients cathartics, especially those in the form of pills, for the pill habit is soon formed and they soon become a prey to the various advertised nostrums so often seen in our street-cars and on the highway. It should be our aim to suggest to the patients, for obvious reasons, the mildest laxatives. The calibre of the lower bowel should be maintained at all hazards and all those preparations which produce a mushy stool avoided.

The gastro-intestinal disturbances of neurasthenia are to be combated by strict attention to diet. The use of the various digestive ferments may be of use in combating any gastro-duodenal indigestion present. We should not lose sight of the fact that such symptomatic treatment is merely transitory. The cause must be removed. For this purpose the use of systemic tonics, and those which affect the cells and are especially nutrient to the nerve-centres, are to be recommended.

It was my custom formerly to prescribe the various forms of iron, but an extensive experience has induced me to abandon them entirely. The relief obtained from their use was palliative and transitory. In the treatment of neurasthenia I have a decided preference for the compounds of arsenic and gold. The preparation which suits me best and which I have been prescribing extensively for the last few years is the liquid of bromide of gold and arsenic: arsenauro. It is not only very valuable as a systemic and nerve-tonic, but at the same time seems to have a peculiar and beneficial sedative effect, due doubtless to the bromide present in its composition. Hence it not only allays the tremors and restlessness in these cases, but it is also of great benefit in sexual neurasthenia in calming the morbid irritability of the genito-spinal centres. We must use it persistently throughout the entire course of treatment, and bear in mind always that the neurasthenic can stand very much larger doses than they would care to admit—20 to 30 drops, largely diluted with water, after each meal.

It is impossible to carry out the Weir Mitchell rest-treatment, as a rule, so I merely urge the patient to take as much rest as possible.

Digitized by Google

Abstracts.

Recurrent Febrile Herpes of the Cornea.

At a meeting of the French Ophthalmological Society, M. Sulzer, of Paris, related the case of a man who had suffered from urethral stricture and chronic cystitis since 1889. The urine contained a large quantity of pus. Bacteriological examination showed the presence of coli bacilli, staphylococci, and pneumococci. Among the numerous operations necessitated by the stricture was forced dilatation, done in 1891, and which was followed by an herpetic eruption of the right cornea.

The origin of the present trouble was traced to a forced dilatation in 1896. Some hours after the operation violent chills occurred, the temperature ascended to 41° C. (105.3° F.). The patient was attacked by delirium and lay three days without consciousness. When, upon the fourth day, he recovered consciousness, hearing was lost upon the right side. The whole face was covered by an herpetic eruption, which also involved the mucous membrane of the buccal, pharyngeal, and nasal cavities. The eyelids, conjunctivæ, and corneæ were likewise covered by the eruption. The patient remained in bed for six weeks. The left eye was cured, but the right eye became the seat, every three weeks, of an herpetic eruption, occupying the parts of the cornea situated opposite the border of the pupil. As soon as one crop was cured a new eruption appeared. The left eye was soon again attacked. This condition lasted for three months.

On October 28th M. Sulzer found the upper two-thirds of the right cornea to be completely transparent, while the lower third was the seat of a disorder having peculiar features. Upon the left cornea was a recent herpetic vesicle situated at its centre.

The astigmatism of the patient had been determined by Pflüger in 1885, by Chevallereau in 1891, and since that time by many physicians. Pflüger and Chevallereau had determined on both sides an average astigmatism of 0.5 D. From the time, however, that the corneæ became the seat of an herpetic eruption the astigmatism changed within considerable limits, both as regards its degree and the direction of its axes. The differences amounted to 6 D. At length the form of the cornea returned to what it was before the advent of the herpes. The changes in the curve of the cornea may explain the asthenopia observed in consequence of the vesicular eruption upon the cornea.—La Médecine Moderne.

Sudden Stricture of the Œsophagus.

At the meeting of the French Society of Otology and Laryngology, M. Texier, of Nantes, described the case of a boy, 15 1/2 years of age, who was suddenly seized by strangling while eating a meal. Violent dyspnœa ensued. There was an attack of suffocation, with loss of consciousness for half an hour. During the night he was comparatively untroubled. There were no tuberculous antecedents. In 1896 he had had a right-sided pleurisy, with effusion of short duration. No sign of bacillary infection of the lung followed.

When the patient was examined on the morning after the attack of suffocation, the lungs, heart, œsophagus, and pharynx were normal. There were no deformities of the neck, enlarged glands, or tugging. Laryngoscopical examination showed that there were no lesions of the larynx. The vocal cords were normal and without trace of paralysis. The glottis was large and permitted a thorough examination of the trachea. The author perceived at the lower part of the trachea a very decided stricture. The site of stricture presented the form of an oval, pointing in an oblique direction from right to left and from behind forward. The posterior wall of the trachea appeared as if pushed forward. The lumen of the tube, for this reason, seemed reduced one-half.

Digitized by Google

At a second examination the same evening the stricture appeared to be more pronounced and the redness of the mucous membrane more extended. On the next day there was more severe dyspnœa. Tracheotomy was performed as low as possible, but caused no improvement, the stricture being four to five centimetres (one and one-half to two inches) below. The cannulas could not be kept clear. The patient died some minutes later. The author eliminated intrinsic strictures of the trachea, as well as stricture of the œsophagus, and only discusses the diagnosis between abscess by congestion due to vertebral tuberculosis and tracheo-bronchial adenopathy. The absence of œsophageal trouble caused him to believe in a sudden constriction of the trachea by an enlarged tracheo-bronchial gland. The point of interest in the case is the abruptness of beginning and rapidity of evolution of the affection, terminating in death in forty hours.—La Médecine Moderne.

Suppurating Meningitis Consecutive to the Difficult Eruption of a Wisdom-tooth.

Professor Heydenreich reported to the Medical Society of Nancy the history of a man, 30 years of age, who consulted him on account of a red swelling occupying the parotid region and extending to the zygoma. There was also a very marked contracture of the jaw, preventing the patient from opening his mouth. At that time nothing more than two carious teeth of the upper jaw could be detected as the cause of the periostitis of the jaw and glandular suppuration. On the same day the patient entered the service of M. Heydenreich. Two days later the external swelling was incised, but no pus was found. The incision by thermocautery was carried down to the aponeurosis of the temporal muscle. On the other hand, pus flowed abundantly from the mouth. It issued from the posterior part of the body of the inferior maxilla. Danger seemed avoided by this fact, but, nevertheless, the temperature again rose and the patient fell into a comatose state, with hemiplegia of the side opposite the lesion. He died six days after his entrance to the hospital. At the autopsy it was found that the pus was derived from the right lower wisdom-tooth, from which a stream of pus followed the interval between the temporal muscle and the ramus and then traveled in the sheath of the vessels. It accompanied the internal maxillary and small meningeal arteries, as well as the sheath of the inferior maxillary nerve. Ascending with the artery and nerve, the pus entered the cranium through the foramen and foramen ovale. Within the skull there was a collection of pus between the dura mater and the bone.—Revue Hebdomadaire de Laryngologie, etc.

Rheumatic Angina.

In connection with the case of a young girl, 20 years of age, suffering from an acute polyarticular rheumatism which had been preceded by an angina, Professor Potain has made a study of the relations which exist between rheumatism and inflammation of the back of the throat.

Rheumatic angina, recognized and admirably described by Lasègue, begins with fever, decided gastric symptoms, and the urine may be albuminous. A diffuse redness affects the pillars of the fauces, velum palati, and tonsils. It is accompanied by a more or less prominent swelling, which gives a shining aspect to the mucous membrane. The color gradually declines toward the borders and blends with the normal shade of the mucous membrane. This diminution of the shade distinguishes the color of rheumatic angina from the similar hue of erysipelas. In only two or three cases was an exudate observed. The tonsils are moderately swollen. The neighboring glands are intact. Pressure is only painful at one point, viz.: at the extremity of the cornua of the hyoid bone. The first symptoms last for eight days. At that time, when

Digitized by Google

the pharyngitis has disappeared, or is about to disappear, the rheumatism makes its advent.—Revue Hebdomadaire de Laryngologie, etc.

Death from Injection of Extract of Chelidonium.

Dr. Gutsmuths has reported the case of a woman, 50 years of age, suffering from a recurrent cancer of the breast. The tumor being unamenable to operation it was injected with the extract of chelidonium. Nearly a Pravaz syringeful of a 50-per-cent. solution, equal to 50 centigrammes (about 8 grains), was introduced at three points. At once there appeared sharp pain, restlessness, and fever. The patient lost consciousness and died about an hour and a half after the injection had been made. At the autopsy it was found that the cancer had not yet invaded the viscera. There were also present the lesions ordinarily found in consequence of asphyxia.—Le Bulletin Médical.

Retinitis of Pregnancy.

At the Congress of Gynæcology, Obstetrics, and Pædiatrics, M. Guende reported the case of a woman, 30 years of age, who had gone through six pregnancies, one of which terminated in an abortion. She had been addicted to morphine during the fourth pregnancy, and had had polyuria without albuminuria or glycosuria; during this time she was addicted to cocaine. One month before delivery there was noticed progressive and considerable diminution of vision. It was impossible for her to read. After accouchement her sight improved, but there remained a well-marked central scotoma. Ophthalmoscopic examination disclosed the presence of venous dilatation, œdema of the papilla, retinal hæmorrhages, and abundant exudation in the region of the macula. M. Guende believed that the intoxication of morphine and cocaine had prepared a soil for autointoxication of pregnancy.—La Médecine Moderne.

Therapeutic Notes.

A Snuff for Ozæna.

The following formula is attributed to Meyer:—

℞ Powdered charcoal,
Powdered cinchona,
Powdered myrrh, of each, equal parts.
—M.

—New York Medical Journal.

Vaginitis and Gonorrhœa.

Some of the prescriptions for vaginitis and gonorrhœa, used in Dr. Anderson's gynæcological clinic at the College of Physicians and Surgeons of San Francisco, are:—

℞ Thymol, gr. vj.
Lysol, ℥ij.
Aquæ, q. s. ad ℥vj.

Misce et fiat solutio.

Sig.: One tablespoonful in a gallon of hot water (110° F.) for douche twice daily.

℞ Creolin, ℥j.
Glycerin, ℥j.
Aquæ, q. s. ad ℥vj.

M. Sig.: ℥ss in Oviii of hot water for douche twice daily.—Pacific Medical Journal.

Constipation.

The writer of "Therapeutics of a Country Doctor" recommends, in the Journal of Medicine and Science, a pill composed of:—

℞ Ext. cascara, gr. j.
Ext. butternut, gr. $^1/_2$.
Ext. wahoo, gr. $^1/_2$.
Ext. conium, gr. $^1/_2$.
Aloin, gr. $^1/_4$.
Podophyllin, gr. $^1/_6$.
Oleo-resin capsicum, gr. $^1/_{150}$.

The Declining Stage of Acute Bronchitis in Old Persons.

Dr. Patton (Clinical Review) recommends the following mixture for use when

Digitized by Google

the acute symptoms are past, but the cough, with moderate secretion, still persists:—

℞ Sodium iodide, 90 grains.
Codeine sulphate, 5 grains.
Fluid extract of grindelia, 6 drachms.
Syrup of Tolu, enough to make 3 ounces.

M. The dose is not stated.—New York Medical Journal.

Expectorant Pills.

The following formulas are given in Ges. Therapie:—

℞ Terpin hydrate, gr. xlv.
Powdered licorice, gr. xv.
Ext. of licorice, gr. xxx.

M. ft. pil. No. xxx.

Sig.: Two pills t. i. d.

℞ Morphine hydrochlorate, gr. j.
Ipecac, gr. iij.
Sulphurated antimony, gr. v.
Glycyrrhiza, gr. xxiv.
Sugar, gr. xxiv.

M. ft. pil. No. xxx. Two pills t. i. d.—American Medico-Surgical Bulletin.

Kryofin.

In an article on "The Pharmacology and Therapeutics of Kryofin," by Prof. George Frank Butler, of Chicago, in the Chicago Clinic, the writer says:—

"During the past two months I have had occasion to prescribe for a large number of patients suffering from the grippe. The following prescription, in the majority of instances, has speedily reduced the temperature and alleviated the muscular pains, headache, and other distressing symptoms in a few hours:—

℞ Kryofin, 3j.
Quininæ bromidi, gr. xl.

"M. et disp. in cap. No. x.

"Sig.: One capsule every two or three hours, according to the condition of the patient.

"If the patient suffers from a dry, paroxysmal, and painful cough I give the following expectorant mixture:—

℞. Codeinæ, gr. iv.
Ammonii hydrochloratis, ℥j.
Liquoris ammonii acetatis,
Syrupi Tolutani, of each, ℥ij.

"M. Sig.: Dessertspoonful every three hours. For the first two or three doses the remedy may be given at intervals of one hour apart, if necessary.

"In pleurisy kryofin is quite as efficient as in the grippe; the temperature is promptly reduced and the pain greatly lessened."

Suppurating Ears.

Dr. Alice Ewing recommends iodoform gauze as a packing in suppurating ears to afford drainage in place of the douche. She says that one of her instructors in Vienna told her: "If you forget everything else you have heard from me, remember never to douche the traumatic-ruptured drum-membrane; if you do, it is sure to suppurate; if you let it alone it is sure to heal. The infection is in the external auditory canal, and blood-serum is in abundance from the contused tissue, but if left dry it soon desiccates."—Atlantic Medical Weekly.

Whooping-cough.

Dr. R. B. Gilbert, of Louisville, Ky., says, in the American Practitioner and News, "that in addition to the belladonna I give every three hours during the night full doses of potassium bromide combined with phenacetin, which insures prolonged, tranquil sleep and fewer coughing-spells.

"For a child 1 year old I write thus:—

℞ Tr. belladonnæ, ℥j.

"Sig.: One drop every eight hours, increasing 1 drop each day till the tenth day. Label bottle 'No. 1.' Also:—

℞ Potas. bromide, ℥ij.
Phenacetin, gr. x.
Mucilaginis acaciæ,
Aquæ puræ, of each, ℥j.

"M. ft. sol.

"Sig.: Teaspoonful every three hours during the night. Label bottle 'No. 2.'"

Digitized by Google

Galenical Preparations of Iceland Moss.

Iceland moss is again growing in favor with the medical profession in the treatment of consumption. Oefele has proposed two new preparations of this drug, as follows:—

Tincture of Iceland Moss.

℞ Iceland moss, g. 200.
Ammonium carbonate, g. 10.
Absolute alcohol, g. 1000.

Macerate for twenty-four hours, heat to the boiling-point, strain while hot, and filter when cold.

Infusion of Iceland Moss.

℞ Iceland moss, g. 200.
Ammonium carbonate, g. 10.
Boiling water, g. 2000.

Macerate for half an hour, heat to boiling, strain, add 700 grains of absolute alcohol, allow to settle, decant, and add 300 grains of licorice-juice.—Western Druggist.

Physostigmine in Chorea.

Dr. Sacha recommends as of much value the hypodermic use of the following mixture in chorea:—

℞ Physostigmine sulphate, gr. $^1/_{11}$.
Aquæ dest., ʒiiss.

The initial dose is half a Pravaz syringeful gradually increased to one syringeful, which contains about $^1/_{60}$ grain of physostigmine sulphate. The solution should always be freshly prepared.—Medicine.

A Tonic for Uterine Hæmorrhage.

Palmer has had good results from the following:—

℞ Quinia sulph., 2.50.
Ergotine, 1.25.
Strychnine sulph., 0.03.

M. ft. pill. No. xx.

Sig.: One three times a day.—Cleveland Medical Gazette.

An Ointment for Syphilitic Coryza in the Newborn.

℞ Calomel, 1 part.
Vaselin,
Lanolin, of each, 5 parts.

M. For swabbing the nasal passages.—New York Medical Journal.

Thiocol in Tuberculosis.

Thiocol is the sulphoguaiacolate of potassium, and has recently been introduced as a remedy in tuberculosis. It occurs in the form of a white powder having a bitter flavor, but a sweet after-taste. It contains 60 per cent. of guaiacol completely disguised. It is inodorous, insoluble, and non-irritant, and can be given in water sweetened with syrup of orange-peel. In this form it is easily absorbed. Schwartz has recently administered thiocol in the rather large daily doses of 10 to 15 grammes ($2\,^1/_2$ to $3\,^3/_4$ drachms). He witnessed no untoward effects, but observed decrease of the cough, while the expectoration became more easy and less abundant and the sputum became less mucous. The sweats disappeared, the general condition improved, the appetite revived, etc.—La Médecine Moderne.

Europhen in Tuberculous Lesions of the Skin.

Europhen has proved of marked value in the treatment of cutaneous affections of tuberculous origin, such as lupus, scrofuloderma, etc. Lupus vulgaris has been successfully treated by inunctions of europhen in oil of a strength of 5 per cent., and some time ago Dr. de Witt, of Cincinnati, reported a remarkable case of what he termed tuberculosis verrucosa, in which the application of the drug in this manner, together with its internal administration in doses of 1 grain, three times daily, not only produced a cure of the cutaneous disease which had resisted the action of other remedies, but also materially improved the complicating tuberculous condition of the lungs.

Digitized by Google

THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Dec., 1898.

EPILEPTIC DELIRIUM OF DOUBLE TYPE.

EPILEPSY is a disease of such gravity and complexity, as well as such varied etiology, that it has attracted the closest study of neurologists and general practitioners. There are still so many unsettled questions connected with the malady that this subject alone constitutes a wide field of research. Among those who have added much to our knowledge of the clinical manifestations and pathology of epilepsy, and from whose writings we have often quoted, is M. Ch. Féré, of the Bicêtre Hospital, Paris. Dr. Féré has diligently utilized the vast material at his disposal for purposes of scientific study. The latest communication of this author to come under our eye is contained in that very excellent journal, La Médecine Moderne.[1]

We are all familiar with the imbecility or intellectual decay which often accompanies epilepsy, but there are numerous curious and unusual aberrations which are less seldom encountered in general practice. Among such manifestations may be classed that form of alienation which is the subject of the paper to which we have made reference and which has been described under a number of names.

This mental affection is characterized by the regular succession of two phases, one of depression and one of excitation, or *vice versâ*. These two phases may constitute attacks separated by lucid, or comparatively lucid, intervals. The paroxysmal form of this manifestation, says Dr. Féré, should excite suspicion of its relationship to epilepsy. The analogy may be furthermore supported by the fact that in the beginning of intermittent insanity there occur phenomena which may be compared to the aura of ordinary epileptic paroxysms. These symptoms may manifest themselves as hallucinations of hearing or sight, of automatic or impulsive acts which announce the impending attack. The origin of this peculiar form of alienation is likewise shown by the alternation or succession of delirious and convulsive seizures.

The author narrates in his paper the histories of two cases. In the first, there were convulsive attacks of vertigo, periods of alienation, with sudden changes in the type of the mental disorder, and attacks of tremors. The mental trouble generally took the form of depression, accompanied by weeping, sobs, and complaints. At times the patient threatened suicide. Occasionally, after a short access of depression, he would abruptly become exceedingly gay, begin to sing, and would imagine himself possessed of immense riches. These cases are marked by the exhibition of ideas of grandeur, which are not common in epileptic delirium, although they have been described.

M. Féré's second case concerned a young girl, 18 years of age, whose father had died hemiplegic and demented. At the age of ten months the mother's milk was suppressed, in consequence of violent emotion, and from that time the child began to suffer from sleeplessness. This trouble lasted for several months, when it spontaneously disappeared. At about the age of seven she had irregular attacks of excitement. She would cry out that she seemed to have no weight, and would skip about at the most inopportune times. She began to menstruate at the age of 14. Two years later, at the termination of a catamenial period, she was seized with her first convulsion. Several years afterward the patient was at-

[1] "Delire épileptique à double forme," Par Ch. Féré. La Médecine Moderne, 21 Septembre, 1898.

Digitized by Google

tacked, after a spasm, by delirium. She denounced sin and sinners in the most violent and excited manner for five or six minutes. When she ceased declaiming her face assumed a stupid expression, she fell upon a seat, muttering incoherent and childish words. For eight or ten days the same manifestations took place at almost the same hour each day. First came an epileptic convulsion, and this was followed by the alienation, with its two phases. Under a bromide treatment her condition improved very much and the delirium entirely ceased. There were no signs of hysteria in the girl.

There were several facts of interest in the history of this patient. Insomnia is rare in infants. It may have been due to sudden weaning. Inappropriate alimentation has been pointed out as a cause of sleeplessness in young children. The sensation of loss of weight is rare, although it is sometimes encountered. In addition to the symptoms to which allusion has been made, this patient was also afflicted, after the spasm and the aberration of mind, with forgetfulness. This loss of memory most often occurs subsequent to psychical crises of epilepsy.

This sudden modification of the mental state in the post-paroxysmal period of an epileptic seizure demonstrates that we have still much to learn concerning the physiological conditions of delirium in general.

LONG INCUBATION OF TYPHOID FEVER.

We are generally accustomed to consider the average length of the incubation period in typhoid fever as in the neighborhood of two weeks. Those who have investigated this matter, however, find that there is a considerable variation as regards the time which elapses from the date of exposure until the patient is obliged to take to his bed. Murchison concluded that the usual period was about two weeks, but that it might be longer or shorter, and that in some cases it did not exceed one or two days. Janchen, of Vienna, has recently made a report of a small epidemic of the disease, in which he was able to determine accurately the length of the incubation period. He found that in some instances it was only two days, and in most was no longer than a week.

In a late number of our esteemed contemporary, Le Bulletin Médical,[1] Dr. M. E. Apert, chief of the adjunct clinic of the Paris Faculty, contributes an interesting account of two cases in which an unusually long interval elapsed from the time of exposure to the first symptoms of illness. He quotes from several French authorities who mention the difference which obtains in this respect in individual cases. Chantemesse says: "It may be no more than two or three days (Murchison); most often it varies from eight to fifteen days or a month. I even think that it often extends beyond the last-named period. Certain individuals preserve for a long time in their intestines and perhaps in the recesses of their tissues the typhoid germs, which develop poorly until the advent of some favorable circumstance."

The words of M. Chantemesse relative to the possible long duration of incubation, and the conditions which allow the lengthened inactivity of the germ, seem to receive an obvious proof in the histories of the two cases published by M. Apert. In both instances the patients were themselves physicians. In each the period of incubation was a month and a half. The first was that of Dr. Muleur, who, in 1882, was an externe in the service of Dr. Siredey. One month and a half before taking to his bed he had felt fevered, languid, had suffered from headache in the evening, and his sleep was disturbed by nightmares. Every autopsy which he attended produced, in spite of all precaution, small but very painful abscesses upon the hands and forearms. For twelve days before taking to his bed he had epistaxis nearly every day. When he gave up struggling against the disease there

[1] November 1, 1898

Digitized by Google

was not much fever, although the headache and nose-bleed pointed to the nature of the malady. Convalescence was tardy, continuing about six weeks, and was complicated by bedsores and abscesses.

M. Apert gives fuller notes of his own case, as he had written them during convalescence, when the events were fresh in his memory. In the month of November, 1896, being an interne under Professor Dieulafoy, he was attacked by typhoid fever. It was on the evening of the 21st that he took to his bed, but the earliest symptoms had already been in existence for some time. For more than six weeks he had not felt in good health. He was able, in fact, to particularize the very day on which he began to feel ill. This was during a railway journey which he had taken forty-eight days before he finally yielded to the force of the disease. From that day he was scarcely ever free from headache until the fever had run its course. With the exception of the headache, the writer felt well during the period of incubation. His appetite was good and his bowels regular.

About the middle of October M. Apert experienced another symptom rarely met with in the prodromic stage, viz., lumbar pains. These were not constant, like the headache, but only occurred after a walk. He soon found himself unable to walk his accustomed distances. During this time he also suffered several times from epistaxis. This began more than twenty days before he went to bed. There was not the least diarrhœa. He lost some flesh, but was able to carry on his studies and attend to his work.

It was not until November 20th that he knew himself to be really ill. On that day he felt cold and had several slight chills. His appetite failed and he had fever. The next morning he seemed better and enjoyed his breakfast. He went to the hospital, but on his return was worse, his temperature was higher than on the preceding evening, and he perceived a sensitiveness in the right iliac fossa which made him apprehensive of typhoid fever. On the following day Widal's reaction was distinctly obtained. After the definite establishment of the fever the disease ran a regular course, with the usual symptoms of a case of moderate severity. Convalescence was without incident.

The case of Dr. Apert demonstrates that the length of the period of incubation may be prolonged far beyond what is generally regarded as the rule. The character of the headache was precisely the same while he was slowly sickening as after the true nature of the malady had been frankly declared.

The explanation of the length of the prodromic stage would seem to be in the statement of M. Chantemesse, already quoted. The author's case occurred at a time when he was studying sero-diagnosis and manipulating non-virulent typhoid cultures. He supposed that he had become infected through the medium of these cultures. The absence of virulence in the bacilli prevented them for some time from germinating and affecting the bowel. Hence the long freedom from intestinal symptoms. Some development, nevertheless, occurred, and the system became impregnated with toxins, which caused the headache, lumbar pains and epistaxis. The organism reacted to the toxins by forming the agglutinating substance. After the long prelude the course of the fever was exceptionally short, lasting only twelve days.

Such, in brief, is the history of an interesting and unusual case, in which the three peculiarities of long incubation, exceptional agglutinating power, and rapid fall of the fever are logically linked.

Medical News and Miscellany.

Obituary.—Claudius H. Mastin, M.D., LL.D.—We grieve to learn of the death of Dr. Mastin, of Mobile, Ala. Dr. Mastin was one of the most eminent physicians of the

Digitized by Google

South, and had filled many of the highest offices in the gift of the profession. He was the originator of the Congress of American Physicians and Surgeons.

Francis L. Haynes, M.D.—Dr. Haynes recently departed this life at his home in Los Angeles, Cal. Dr. Haynes was a native of this State, and practiced in Philadelphia until 1887, when he removed to California, on account of his health. He occupied the chair of Gynæcology at the Medical University of Southern California.

William Lindsly Mussey, M.D.—Dr. Mussey, of Cincinnati, died in Paris while on a visit to Europe. Dr. Mussey was a son of the distinguished surgeon, Dr. William H. Mussey. The deceased had been Clinical Lecturer on Dermatology and Syphilography in the Miami Medical College until his departure for Europe.

Professor Heydenreich, of Nancy.—Professor Edward Albert Heydenreich was a distinguished surgeon and writer. He had been a liberal contributor to medical literature, and was well known on this side of the Atlantic. Professor Heydenreich was cut off in the zenith of his career, being but 49 years of age.

Philadelphia County Medical Society.—In January of 1899 the Philadelphia County Medical Society will celebrate the Semicentennial Anniversary of its foundation. A formal lecture or oration will be delivered by Dr. J. Chalmers Da Costa, to be followed on Sunday evening, January 15th, by a religious service, conducted by the Rev. Kerr Boyce Tupper, at which a plea will be made for the Mutual Aid Association of the Society. On Monday, January 16th, which corresponds to the date of the organization of the Society, a dinner will be given at Horticultural Hall, at which distinguished speakers will be present and respond to toasts.

Removal.—Dr. Edmund W. Holmes has removed to 1930 Chestnut Street, Philadelphia.

Resignation.—Dr. Robert Hessler has resigned his position of Pathologist to the Central Indiana Hospital for the Insane.

City Hospital of Harrisburg, Pa.—Ground has been broken for a new addition to the City Hospital. The addition is to contain a new operating room, sterilizing room and storerooms for surgical dressings.

Juvenile Physiology.—A pupil in one of the elementary grades of a public school in this city gave the following answer to a question: Three ways we can strengthen our body is to lay out straight, tie a string to your arm, and put a stick in the knot and send for the doctor.

In Commemoration.—A committee has been appointed, by the Section on Diseases of Children of the American Medical Association, to raise funds for the purpose of commemorating the late Joseph O'Dwyer. The members of the committee are Dr. Louis Fischer, New York; Dr. J. P. Crozer Griffith, Philadelphia; and Dr. F. E. Waxham, Chicago.

Centennial Celebration.—The Medical and Chirurgical Faculty of Maryland is looking forward to celebrating next year the one hundredth anniversary of its foundation.

Postponement of the Third Pan-American Congress.—On account of a rebellion, in the first place, and an epidemic of smallpox which followed the suppression of the outbreak, the authorities of Venezeula have asked that the meeting, which was to have been held at Caraccas next year, be postponed to December, 1900. The meeting has therefore been postponed, in accordance with the request.

New Hospital.—A new public hospital has recently been erected at Red Wing, Minnesota.

Medical Society of London.—Dr. A. E. Sansom has retired from the presidency of the London Medical Society, and is succeeded by Mr. Edmund Owen.

Digitized by Google

Consolidation of Journals.—It is announced that an amalgamation has been arranged between the Canadian Medical Review and the Canadian Practitioner, to take effect with the first issue of the New Year. The Practitioner, being the older publication, will take precedence in name, and it has been decided to call the united journal The Canadian Practitioner and Medical Review. Both these journals have been of a high order of excellence and we hope that their union will double their prosperity.

Philadelphia Medical Journal.—Another publication has been acquired by the Philadelphia Medical Journal. The Philadelphia Polyclinic will, on January 1, 1899, be merged with the first named periodical.

Atlantic Medical Weekly.—It is reported that the Atlantic Medical Weekly has been acquired by the Philadelphia Medical Journal.

International Medical Magazine.—With the October number of the above journal, Dr. Boardman Reed, of this city, assumed editorial charge. Dr. Walter L. Pyle, the former editor, will hereafter take charge of the department of Ophthalmology.

Journalistic Change.—Dr. John Punton, Professor of Mental and Nervous Diseases in the University Medical College of Kansas City, has purchased Langdale's Lancet and assumed control as editor and publisher. The journal will hereafter be known as the Kansas City Lancet.

International Congress of Pharmacy.—An International Congress of Pharmacy is to be held in the city of Paris in the year 1900.

A Communication from the Publisher—the Libel Suit of William Smith, Osteopathist.—"To the readers of The Medical Age: Dr. William Smith, osteopathist, has a grievance against The Medical Age, and demands $25,000 damages.

"The ground of his plaint is an editorial, reflecting discredit on Dr. Smith, on the Journal of Osteopathy, and on osteopaths in general. The subject is set forth editorially in The Medical Age of September 26, 1898, and a reprint of this editorial will be sent on application.

"I need hardly assure anyone familiar with the past record of the 'Age,' that William Smith, M.D., D.O., has a large contract on his hands. His quest for damages is likely to prove futile, and his armor will need patching if it is to withstand the hard legal knocks that will be showered and battered upon it before he touches one dollar of the 'Age's' money!

"Emboldened by its success, osteopathy now enters the courts and offers battle to a medical journal which disputes its respectability. The challenge is accepted. In the interest of science, in defense of ethical and honorable medicine, in defiance of a quackery that constitutes a deep disgrace to an enlightened age and a stain on the communities which give it shelter, the 'Age' purposes to maintain its position and to continue its denunciations of the ignorant pretenders who fatten on the sufferings of the credulous and confiding.

"Having put my hand to the plow in this uncompromising fight with quackery, I beg leave to assure you that there will be no turning back.

"I need not point out the bearings this contest must have on the interests of legitimate medicine, and I earnestly hope that the 'Age' may count on the moral support and commendation of the entire profession."—Extract from an editorial, by William M. Warren, in the Medical Age of October 25, 1898.

Professor T. Clifford Allbutt.—During his recent visit to this city, Professor T. Clifford Allbutt, of Cambridge, England, delivered a lecture in the Medical Hall of the University of Pennsylvania upon "Disease of the Arteries."

Bold Effects Preferred.—The present craze for striking and bizarre effects in certain forms of literature recalls a little epi-

Digitized by Google

sode. My friend's colored maid came in one day after her regular weekly outing, looking as if she had enjoyed herself.

"Well, Susan," said my friend, who is sympathetic, "I suppose you saw all the pretty things in the stores down town?"

"No'm; not 'zactly. I ben lookin' at de handiwork of de Lawd."

"Indeed? So you took a little trip to the country to see the fields and the flowers?"

"No'm; no indeedy. I been at de Dime Museum. They has a hairy boy there, and a two-headed man."

Is there not a little ground for suspecting that the Double-headed Man, or some other unconventional monstrosity in pencraft, often sets the stamp of special skill on writing that would otherwise find quick oblivion?—Jane Ellis Joy, in November Lippincott's.

A Case of Presumable Hermaphrodism.—E. N. Liell reports a case of presumable hermaphrodism, the individual being a negro. A description of the conditions presenting is as follows: Age 22 years; has always dressed in male attire, but has never been accustomed to hard work; has been a cook and waiter. He presents a well-developed penis in natural position, though rather small, being about the size of two joints of a man's finger. There is an opening, as of urethra, in the glans penis, but there is apparently no canal, the urine being voided through an opening at the base of the penis; when voided, as a rule, the urine takes a direction from the body just as if from the normal male urethra. About an inch below the base of the penis is a vaginal opening, which is quite small and short, barely admitting the tip of one's little finger. There is no scrotum present. The labia majora are, however, prominent. Just to the right of the base of what may be called the penis, at the upper portion of the right labium majus, can be felt, freely movable, a small glandular body about the size of a pecan-nut, which, from its position in the immediate region of the inguinal opening, may be regarded as either an undeveloped testicle or an ovary in an abnormal situation. The individual claims to have felt sexual passion, with erection of the penis at such times, although intercourse has never been indulged in. Slight signs of menstruation, it has also been claimed, have occurred at irregular intervals. As shown by the history above recorded, the characteristics of both the male and the female sex are evidently united in this individual, those of the female predominating. No examination was made of the mammary glands.—American Med.-Surg. Bulletin.

American Government in Santiago.—General Wood, who was given the military command of the city of Santiago, has already demonstrated in the most brilliant way what good administration can do for a region like Cuba that has suffered for centuries from hideous misgovernment. Our governor found the city indescribably filthy. He promptly opened the clogged drains; organized a street-cleaning service; enforced compulsory rules for the removal of garbage and domestic waste; established a disinfection corps in connection with an efficient medical service; put the hospitals into good working condition; cut the death-rate down 75 per cent.; averted a yellow-fever epidemic that was considered inevitable; restored, repaired, and greatly improved the water-supply; organized an efficient general police system, discarding the hateful Spanish uniforms; cleaned up the water-front and devised plans for the dredging and permanent sanitation of the harbor; established a strictly-regulated relief-service for the benefit of the thousands of half-starved people who returned to the city from the places to which they had withdrawn in the period of hostilities; restored the administration of justice under his own immediate direction; opened the schools and took the children off the streets, and in a variety of other ways brought order out of confusion.

Digitized by Google

General Wood has set the standard at Santiago, and what has been done there must not only be continued and completed, but must, either by General Wood himself or some one else, be accomplished at Havana and at every other important town in the islands formerly administered by Spain that may come under the responsibility of the Government of the United States.

It is extremely fortunate that General Wood, who is a distinguished physician as he is also a renowned soldier, has shown the War Department exactly what an American military government of conquered Spanish territory can accomplish for the welfare of the innocent inhabitants.—From "The Progress of the World," in the American Monthly Review of Reviews for November.

A French Decoration for a New York Physician.—We learn that the French Minister of Public Instruction has sent the decoration of *officier d'académie* to Dr. Wilson-Prévost, of New York.

Dr. William Murrell has been elected Physician to the Westminster Hospital in the vacancy caused by the resignation of Dr. H. B. Donkin.

University of St. Andrews, Scotland.—The following recently appointed medical professors have been installed: Professor Stalker to the chair of Medicine, Dundee College; Professor Macewen to the chair of Surgery, Professor Muir to that of Pathology, and Professor Kynoch to that of Midwifery.

Heliotherapy Founded by Diogenes.—Sir Samuel Wilkes, in the Practitioner, announces himself as a follower of the cynic philosopher, Diogenes. He says: "The remedy for consumption is not medicine, but fresh air. In various parts of the globe this may be obtained. Seeing that all the places best fitted for consumptives are blessed with sunshine, it is quite possible that the latter may be one of the conditions favoring recovery; it may be directly destructive to bacilli, as the warmth and beauties of the landscape brought out by it indirectly excite the interest of the patient and revivify his nervous system. Air and sunshine are the needs of the consumptive; without them no other remedies will succeed. When reading at school of Diogenes in his tub, and the visit of Alexander the Great to him, I thought he was a man of very bad manners in telling the monarch to get out of his sunshine, and it was not until late years that I took a different estimate of the philosopher. After an attack of influenza I went to Worthing to convalesce, requiring air and sunshine. Everything was put aside for these; they were my only wants. When, therefore, I sat looking on the sea and basking in the sun, a friend stepped in front of me to talk; he was stripping me of my only shred of comfort, and I exclaimed: 'Get out of my sunshine!' I then discovered the greatness of Diogenes, who evidently knew that the sun was the source of all power."—International Medical Magazine.

Dr. Joseph Priestley, medical officer of health for Lambeth, has been appointed teacher of hygiene in the British Institute of Preventive Medicine.

University of Texas.—Prof. H. P. Cook, M.D., of the faculty of the Medical Department, University of Texas, has been elected dean, vice Prof. A. J. Smith, M.D., who had served as dean temporarily by request, upon resignation of the deanship by Prof. J. F. Y. Paine, M.D.

Military Tract Medical Association.—The newly elected officers are: President, M. S. Marcy, Peoria; first vice-president, J. E. Sutton, Canton; second vice-president, R. E. Lewis, Macon; secretary and treasurer, O. B. Will, Peoria; board of censors, J. N. Speed, Rushville; J. A. Kirkland, Cambridge; W. E. Shallenberger, Canton; publication committee, O. B. Will, Peoria; K. C. W. Hall, Wawanee; E. J. Blair, Monmouth; committee on necrology, Delia M. Rice, Galesburg.

Digitized by Google

Minnesota Academy of Medicine.—The annual election resulted in the choice of the following officers: President, Dr. C. G. Weston, of Minneapolis; vice-president, Dr. C. Eugene Riggs, of St. Paul; secretary-treasurer, Dr. R. O. Beard, of Minneapolis; executive committee, Drs. L. A. Nippert, A. J. Gillette and J. L. Rothrock; governing board, Drs. H. M. Bracken, Talbot Jones, A. B. Ancker, H. B. Sweetser and J. W. Bell.

University College, Liverpool. — Dr. Henry Briggs, F.R.C.S., has been appointed to the chair of midwifery and gynæcology at University College, Liverpool, rendered vacant by the death of Dr. Wallace.

Tri-State Medical Association.—At the annual meeting of this association, at Birmingham, Ala., the following officers were elected and Chattanooga, Tenn., chosen as the next place of meeting: President, George A. Baxter, Chattanooga; first vice-president, M. C. McGammon, Nashville; second vice-president, W. D. Travis, Covington, Ga.; third vice-president, George S. Brown, Birmingham; secretary, Frank Trester Smith, Chattanooga; treasurer, Cooper Holtzklaw, Chattanooga.

Fort Worth University, Texas.—Dr. I. L. Van Zandt has been elected to the Professorship of Principles and Practice of Medicine and Clinical Medicine in the Medical Department of the Fort Worth University, and Dr. R. B. Grammer was elected his assistant.

The Disinterestedness of Dr. Calmette.—Dr. Calmette, Pasteur's well-known pupil, who was recently appointed as chief organizer of the Pasteur Institute at Lille, and who has won much fame by his researches into the question of immunity for serpent venom, has made another discovery of a more purely commercial nature. By this discovery he was enabled to manufacture alcohol very much purer and stronger than is usual at a distillery and at the same time much more cheaply. He sold his secret to a large factory near Lille and very soon realized the handsome sum of 250,000 francs. This sum he has handed over absolutely to the Pasteur Institute, over which he presides, although he is not personally a wealthy man. This act of munificence, which has been noticed solely by the medical press and ignored by the political journals, is considered as a protest against the recent action of Dr. Behring.—Paris Correspondent Lancet.

Harvard Medical School.—Dr. William T. Porter, formerly assistant professor of physiology, has been made associate professor of physiology; Dr. Charles Harrington, formerly instructor in materia medica and hygiene, has been made assistant professor of hygiene; Dr. Pfaff has been appointed instructor in pharmacology, to succeed Dr. Harrington.

Connecticut State Asylum.—Dr. A. R. Deffendorf has accepted the position of Pathologist at the Connecticut State Asylum, Middletown.

McClean Hospital for the Insane.—Dr. A. E. Loveland has been appointed assistant physician in the McClean Hospital for the Insane, Waverly, Mass., which is a part of the Massachusetts General Hospital, in Boston.

Guy's Hospital.—The following changes in the staff of Guy's Hospital have recently occurred: Dr. F. J. Goodhart has, in consequence of the increasing demands upon his time made by private work, felt himself compelled to resign the post of physician to the hospital with which he has been connected as assistant physician and physician for twenty-one years. Dr. Newton Pitt was elected to the vacancy caused by Dr. Goodhart's resignation. The governors have also passed a resolution that in future every assistant physician who has been in office seven years shall, at the expiration of that time, be styled physician to the hospital; and that in like manner every assistant surgeon shall at the end of seven years become

Digitized by Google

surgeon to the hospital. As a result of this regulation, Drs. E. C. Perry, L. E. Shaw, and J. W. Washbourn are now physicians, and Dr. Peter Horrocks is obstetric physician; while Messrs. W. H. A. Jacobson, Charles J. Symonds, and W. Arbuthnot Lane have become surgeons, and Mr. W. A. Brailey has become ophthalmic surgeon to the hospital.—British Medical Journal.

University of Tennessee.—Dr. W. H. Nance, of Gunnison, Miss., has been elected to fill the chair of physiology in the University of Tennessee, medical department, located at Nashville.

Mineral Constituents of the Tubercle Bacillus.—Schweinitz and Dorset add to their previous studies, which showed that tubercle bacilli contained from 2 to 4 per cent. of ash, some chemical analyses of this ash. The results show that the ash of these bacilli contains a very large amount of phosphoric acid: 55 per cent. Compared with other bacilli, of which not so very many have been examined, the phosphorus content of Koch's bacillus is extremely high. The practical suggestion to be drawn is, that tuberculosis rapidly exhausts the phosphorus from the medium upon which it is grown, and it seems reasonable to suppose that the administration of phosphoric acid in phthisis is a rational therapeutic measure.—Canadian Medical Review.

Mr. Frederick Treves has resigned the office of surgeon to the London Hospital, which he has held for the past fourteen years, having previously served for five years as assistant surgeon.

Deceased.—The death is announced of Dr. H. A. Gilman, for many years superintendent of the Hospital for the Insane at Mt. Pleasant, Iowa. Dr. Gilman was a man of rare executive ability, and came to Iowa from the institution of like nature at Jacksonville, Ill., where he had been assistant physician fifteen years. The hospital at Mt. Pleasant stands as a monument to his general capabilities as a manager.

Book Reviews.

A Text-book of Pathology. By Alfred Stengel, M.D., Instructor in Clinical Medicine in the University of Pennsylvania, etc. With 372 Illustrations. Philadelphia: W. B. Saunders, 1898.

The author has produced a treatise very well suited to serve as an introduction to the study of a most important subject. It is calculated to be the more widely useful in that it is written from the stand-point of the clinician rather than the exclusive pathologist. It is desirable that every practitioner of medicine should have an intelligent conception of the causes of disease, the changes of tissues produced by disease, and the manner in which those changes are affected. A thorough knowledge of all these points involves such exhaustive studies of histology, bacteriology, and physiological chemistry as to be beyond the power of those devoted to the cultivation of practical medicine. There is, indeed, enough material in the comprehensive study of pathology to constitute in itself a life-work. For these reasons well-written text-books of moderate size, books which present faithfully the grand outlines of the subject, are welcomed by the student of medicine and the general practitioner. The work before us is of this kind. Dr. Stengel is familiar with the needs of students, and he himself has for years been engaged in the teaching of clinical medicine. The present work is a faithful presentation of the principles of pathology as they are understood to-day. The book is well printed, well indexed, and adorned with many beautiful engravings, which add appreciably to the value of the text.

A Manual of Venereal Diseases. By James R. Hayden, M.D., Chief of Clinic and Instructor in Venereal and Genito-Urinary Diseases at the College of Physicians and Surgeons, Columbia University, New York, etc. With 54 Illustrations. New

Digitized by Google

York and Philadelphia: Lea Brothers & Co., 1898.

This is the second edition of a meritorious manual which has been before the profession for several years and has found favor with students, instructors, and practitioners. It gives a fair, though necessarily brief, description of the symptoms, signs, and lesions of the venereal diseases, albeit in some matters of opinion and treatment we cannot subscribe to all the author's statements. Upon such debatable points it would be proper, at least, to admit that opinion was not unanimous. With these exceptions, the work, within its self-appointed limits, has been well performed.

A Manual of the Practice of Medicine. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary, etc. With 75 Illustrations in the Text and 22 Full-page Colored Plates. Philadelphia: W. B. Saunders, 1898.

This work, of moderate size, is well fitted for the use of students and young practitioners. It is not exhaustive, nor does it pretend to be so; but its statements are generally reliable, as far as they go. For advanced study the physician can consult the more elaborate works. In our earlier years of study and practice we can only lay a ground-work for future superstructure. Consequently, it is imperative that elementary works should be compressed within reasonable limits. We think that Dr. Lockwood has succeeded very well in condensing the vast material of internal medicine within such bounds. In the arrangement he has followed the classification of Osler. As regards appendicitis, the author considers that the disease is, properly speaking, a surgical one, and he accordingly advises consultation with a surgeon in every case. The section upon infectious disease presents a good outline of this important field of medical practice. The writer has, in addition to his personal experience, extensively consulted the best authorities.

A Primer of Psychology and Mental Disease. For Use in Training-schools for Attendants and Nurses and in Medical Classes. By C. B. Burr, M.D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second Edition, Thoroughly Revised. $5\,^1/_2 \times 7\,^3/_4$ inches. Pages ix-116. Extra Cloth, $1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill.

The science of mind is a most important subject. It is, moreover, a very deep subject. Psychology has of late years been studied upon entirely different lines from those upon which it was formerly conducted. The gain in real knowledge and practical application has been great. In the little work before us, written for the general reader, and more especially for those interested in the management of the insane, Dr. Burr gives a valuable sketch of the aims of psychology as distinguished from the old metaphysics. The book is divided into four parts. In the first is outlined the manner of studying the operations of the healthy mind. A second part treats of the subject of insanity, the workings of the unsound mind. The third part deals with the management of cases of insanity. The fourth part consists of a lecture to the training-school class of the Eastern Michigan Asylum. The personal experience of the author renders his remarks and suggestions concerning the care of the insane of particular value, and to attendants in asylums the work can be recommended as laying the foundation of an intelligent conception of their duties and responsibilities.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D.,

Digitized by Google

F.R.C.P., Physician and Special Lecturer on Clinical Medicine at Charing Cross Hospital and Physician to the Hospital for Consumptives and Diseases of the Chest, Brompton. Revised and Enlarged by H. Montague Murray, M.D., F.R.C.P., Physician to Out-patients and Lecturer of Pathology and Morbid Anatomy at Charing Cross Hospital. New (Eighth) American Edition. Thoroughly Revised from the Eighth English Edition by Walton Martin, Ph.B., M.D., Assistant Demonstrator of Anatomy in the College of Physicians and Surgeons, Columbia University, etc. Illustrated with 216 Engravings, of which 6 are in Colors, and a Colored Plate. Philadelphia and New York: Lea Brothers & Co., 1898.

Green's "Pathology" is an old familiar friend. Among many worthy newcomers in the field which it has so long occupied it continues to hold its own by virtue of its original excellence and the periodical revisions which it has had at the hands of its author and the collaboration of subsequent editors. In the present edition there has been considerable modification and rearrangement of its text in order to admit new matter. A portion of the contents, also, has been placed under different headings from that which it formerly occupied in order to secure more harmony in description of certain pathological processes. Some matter has been omitted for the purpose of making room for a chapter on certain of the animal parasites. The chapter on vegetable parasites includes an account of the pathogenic bacteria, their modes of culture, effects, etc. A section upon malaria gives the distinctive features, as far as they are known, of the malarial parasite, with directions how to recognize them in the blood.

Many of the illustrations are new, having been introduced to replace some in the last edition which were less satisfactory. A knowledge of bacteriology, rudimentary at least, is, at the present day, an essential equipment of the medical man. The text and plates in this part of the work, together with study in the laboratory, will furnish the student with the essential facts of this interesting branch of our profession. The changes produced in the structure of organs by pathological processes are faithfully depicted in this work, which is fitted to be in the present, as it has been in the past, a trustworthy guide to the subject of which it treats.

American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the Hospital of the University of Pennsylvania, etc. Containing the Pronunciation and Definition of over 26,000 Terms Used in Medicine and the Kindred Sciences, along with over 60 Extensive Tables. Philadelphia: W. B. Saunders, 1898. Price, $1.25 net.

As expressed by the title, this work is of a size which can be carried in a coat-pocket. The definitions are brief necessarily, and the use of fine print has enabled the publisher to issue the book in a compressed form. The tables will add materially to the worth of the book.

The Pocket Formulary for the Treatment of Disease in Children. By Ludwig Freyberger, M.D.Vienna, M.R.C.P.Lond., M.R.C.S.Eng., Clinical Assistant Hospital for Sick Children, Great Ormond Street, etc. London: The Rebman Publishing Company, Limited, 1898.

This is a very well prepared book. It is short, but its information is reliable. The text consists of paragraphs giving the salient facts regarding the official drugs, with others, which, though not official, are widely used, their properties, uses, preparations, and doses. The formulæ are well constructed and are gathered from the works of eminent writers, from the dispensatories of various hospitals, and from the author's own experience. It concludes with a useful clinical index. The little work has been handsomely issued by its publishers.

Digitized by Google

GENERAL INDEX

VOL. XX.

A case of typhoid fever, with remarks on some clinical peculiarities manifested by the present epidemic of typhoid in Philadelphia, 121.
A climatic test at Tampa Bay, 295.
A successful treatment of delirium tremens, 286.
Abscess, gaseous diaphragmatic, 22.
of the anterior half of the tongue, 58.
Addison's disease, cure of, by the administration of the suprarenal gland, 178.
Address to the students of the Medico-Chirurgical College of Philadelphia, 403.
Adenolipoma, symmetrical, 218.
Advantages of the Pinellas Peninsula, 57.
Albuminuria, hereditary, 71.
Allis, Oscar H., the mechanism and reduction of dislocations of the hip, 41.
An elective Cæsarean section, 443.
Anders, J. M., A case of typhoid fever, with remarks on some clinical peculiarities manifested by the present epidemic of typhoid in Philadelphia, 121.
Animal extracts, 11, 48, 87, 127, 174.
Appendicitis, 7.
Archæology of the west coast of Florida, 135, 173.
Arteritis, the rôle of, in the pathology of the nervous system, 384.
Asexualization as a punishment for rape, 55.
Asthma, a fatal case of, 338.
Auditory disturbances of tardy hereditary syphilis, 337.
Ashton, W. Easterly, endometritis, 124.
uterine displacements, with special reference to the treatment of forward and backward dislocations, 1.

Blepharospasm, hysterical, 140.
Blue nasal secretion, a case of, 336.
Book Reviews:—
Diseases of the Stomach, John C. Hemmeter, 36.
A Clinical Text-book of Surgical Diagnosis and Treatment, for Practitioners and Students of Surgery and Medicine, J. W. Macdonald, 37.
Transactions of the American Orthopedic Association, 37.
Index-Catalogue of the Library of the Surgeon-General's Office, United States Army, 37.
The Care and Feeding of Children, L. Emmett Holt, 38.
Scribner's Magazine for 1898, 38.
The Ladies' Home Journal for 1898, 38.
Book Reviews (continued).
McClure's Magazine for January, 38.
Rubaiyat of Doc. Sifers, James Whitcomb Riley, 78.
Hugh Wynne, Free Quaker, Sometime Brevet Lieutenant-Colonel on the Staff of His Excellency, General Washington, S. Weir Mitchell, 78.
The Living Age, 78.
Orthopedic Surgery, James E. Moore, 78.
Saw-palmetto, Edwin M. Hale, 79.
Dr. Tiebel's Official Hand-book of Spas, Watering-places, and Health Resorts, H. C. Tiebel, 79.
Transactions of the Medical Society of New Jersey, 79.
Report of the Commissioner of Education for the Year 1895-'96, 79.
A Modern Pathological and Therapeutical Study of Rheumatism, Gout, Rheumatoid Arthritis, and Allied Affections, Edmund L. Gros, 118.
Aids to Aseptic Technique, A. D. Whiting, 118.
The Psychology of Suggestion: A Research into the Subconscious Nature of Man and Society, Boris Sidis, 118.
The American Year-book of Medicine and Surgery, 119.
The Anatomy and Functions of the Muscles of the Hand and of the Extensor Tendons of the Thumb, J. Francis Walsh, 155.
Therapeutics of Infancy and Childhood, A. Jacobi, 155.
The Year-book of Treatment for 1898, 155.
The Nervous System and its Diseases, Charles K. Mills, 156.
The Surgical Complications and Sequels of Typhoid Fever, William W. Keen, 156.
Illustrated Skin Diseases, William S. Gottheil, 157.
Alaska: Its Neglected Past, its Brilliant Future, Bushrod Washington James, 157.
Atlas of Methods of Clinical Investigation, with an Epitome of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases, Christfried Jakob, 157.
A Compendium of Insanity, John B. Chapin, 157.
Fatty Ills and their Masquerades, Ephraim Cutter and John Ashburton Cutter, 157.
The International Medical Annual and Practitioners' Index, 158.
A System of Obstetrics, A. Auvard, 158.
Flint's Encyclopædia of Medicine and Surgery, 158.

Digitized by Google

Book Reviews (continued).
Mammalian Anatomy: A Preparation for Human and Comparative Anatomy, Horace Jayne, 159.
An American Text-book of Genito-Urinary Diseases, Syphilis, and Diseases of the Skin, L. Bolton Bangs and W. A. Hardaway, 198.
Annual and Analytical Cyclopædia of Practical Medicine, Charles E. de M. Sajous, 198.
A Laboratory Text-book of Pathology for the Use of Students and Practitioners of Medicine, Horace J. Whitacre, 199.
Fat and Blood, S. Weir Mitchell, 199.
Report of the Health Department of the City and County of San Francisco for the Fiscal Year ending June 30, 1897, 199.
Accident and Injury: Their Relations to Diseases of the Nervous System, Pearce Bailey, 237.
Brief Essays on Orthopædic Surgery, Including a Consideration of its Relations to General Surgery and its Future Demands, and its Operative Work, as well as its Mechanical Aspects, with Remarks on Specialism, Newton M. Shaffer, 238.
Lexicon-Formulary of Medical and Biological Novelties, Paul Lefert, 238.
A Manual of Instruction in the Principles of Prompt Aid to the Injured, Including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps of the United States Army, Alvin H. Doty, 238.
The Diseases of the Stomach, William W. Van Valzah and J. Douglass Nisbet, 239.
Public Health Reports, 239.
Outlines of Practical Hygiene, C. Gilman Currier, 278.
Atlas of Legal Medicine, E. von Hofmann, 278.
Atlas and Abstract of the Diseases of the Larynx, L. Gruenwald, 278.
Yellow Fever, Just Touatre, 279.
System of Diseases of the Eye, William F. Norris and Charles A. Oliver, 316.
A Manual of Modern Surgery, General and Operative, John Chalmers Da Costa, 317.
Atlas and Epitome of Operative Surgery, Otto Zuckerkandl, 317.
Atlas of Syphilis and the Venereal Diseases, Franz Mracek, 317.
Conservative Gynecology and Electro-therapeutics, G. Betton Massey, 317.
Baeder Almanach, 318.
A Compend of Diseases of the Skin, Jay F. Schamberg, 318.
Hay Fever and its Successful Treatment, W. C. Hollopeter, 318.
The Treatment of Choleraic Diarrhœa, 319.
On Cardiac Failure and its Treatment, with Especial Reference to the Use of Baths and Exercises, Alexander Morison, 319.
The Twenty-fourth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30, 1896, 319.
The Office Treatment of Hæmorrhoids, Fistula, etc., without Operation, Charles B. Kelsey, 359.
A History of Yellow Fever, W. L. Coleman, 359.
Lectures on Tumors, John B. Hamilton, 359.
Book Reviews (continued).
An American Text-book of the Diseases of Children, Louis Starr, 398.
A Text-book on the Pathogenic Bacteria for Students of Medicine and Physicians, Joseph McFarland, 398.
A Clinical Text-book of Medical Diagnosis for Physicians and Students, Oswald Vierordt, 399.
An American Text-book of Gynæcology, Medical and Surgical, for Practitioners and Students, J. M. Baldy, 399.
A Text-book of Materia Medica, Therapeutics, and Pharmacology, George Frank Butler, 400.
A Text-book of Practical Therapeutics, Hobart Amory Hare, 400.
The Essentials of Histology, Descriptive and Practical, E. A. Schaefer, 400.
Laboratory-work in Physiological Chemistry, Frederick G. Novy, 401.
A Treatise on the Science and Practice of Midwifery, W. S. Playfair, 401.
Elements of Latin, George D. Crothers and Hiram H. Bice, 438.
Manual of Chemistry, W. Simon, 438.
Determination of Sex, Leopold Schenk, 439.
Report of the Medical Council of Pennsylvania, 1894-1898, 439.
Cataphoresis, or Electric Medicamental Diffusion, as applied in Medicine, Surgery, and Dentistry, William James Morton, 440.
Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease, Hobart Amory Hare, 440.
The Care of the Baby, J. P. Crozer Griffith, 441.
Essentials of Materia Medica, Therapeutics, and Prescription-writing, Henry Morris, 441.
The Treatment of Skin Cancers, W. S. Gottheil, 441.
A Text-book of Pathology, Alfred Stengel, 480.
A Manual of Venereal Diseases, James R. Hayden, 480.
A Manual of the Practice of Medicine, George Roe Lockwood, 481.
A Primer of Psychology and Mental Disease, C. B. Burr, 481.
An Introduction to Pathology and Morbid Anatomy, T. Henry Green, 481.
American Pocket Medical Dictionary, W. A. Newman Dorland, 482.
The Pocket Formulary for the Treatment of Disease in Children, Ludwig Freyberger, 482.
Boyd, G. M., An elective Cæsarean section, 443.
Bronzing of the skin associated with ovarian cyst, 277.
Buzzing in the ears and its treatment by cimicifuga racemosa, 255.

Cancer of the heart, secondary, 59.
Carcinoma of the larynx, 419.
the endolaryngeal treatment of, 419.
Carcinoma of the stomach, 384.
Catarrhal jaundice, ulcerative stomatitis, whooping-cough, 445.
Chancroids, accidental induration of, 259.
Chlorosis, two new symptoms of, 298.

Digitized by Google

Chorea, etiology of, 196.
Co-existence of an anomalous ureter and a vegetative endocarditis in the same case, 96.
Colfelt, Lawrence M., the successful young doctor, 241.
Commercial News, 40, 80, 120, 160, 200, 240, 280, 320, 360, 402, 442.
Compression of the pylorus by a biliary calculus simulating cancer, 179.
Correspondence, 30.
Crutchfield, Eugene Lee, herpes zoster caused by arsenic, 19.
Current Medical Literature, 39, 279.

De Armand, J. A., asexualization as a punishment for rape, 55.
limitations in the Murphy treatment, 284.
Death from injection of extract of chelidonium, 469.
Dermographism in tabes, 31.
Diabetes insipidus, influence of nervous disturbances upon, 101.
Diabetic women, nervous disorders of, 59.
Different modes of elimination of lime in rachitis and the different periods of rachitis, 180.
Disorders of hearing and smell of cerebral origin, 298.
Diseases of the ear in acute and chronic nephritis, 137.
Does diphtheria destroy the effect of vaccination? 464.
Dolan, Thomas M., old books, 288.
Dysentery, complications of, 59.

Editorials:—
A half-century of chloroform, 27.
The treatment of syphilis, 28.
Nasal hydrorrhœa, 67.
Simple acute nephritis of children, 68.
Philadelphia's demand for unpolluted water, 106.
The ventilation of street-cars, 106.
The presence of free granules in the blood, 107.
Our offer to subscribers, 108.
Inflammation of adenoid tissue in the adult, 145.
The study of anæsthesia, 146.
Epilepsy consecutive to typhoid fever, 185.
University education, 186.
Morbid fears in epilepsy, 223.
The mouths of glass-blowers, 225.
The antagonisms of disease, 268.
Bullous keratitis, 269.
The use of squill in diseases of children, 306.
The American Medical Association, 307.
The British Medical Association, 345.
Fibroma of the upper eyelid, 346.
A model military camp, 391.
Sick soldiers in Philadelphia, 391.
Recent advances in science and their bearings on medicine and surgery, 426.
The medical department of the United States army, 427.
Epileptic delirium of double type, 472.
Long incubation of typhoid fever, 473.
Elephantiasis of the tongue, 339.
Endometritis, 124.
Epidemic of infectious myelitis, 384.
Epilepsy in secondary syphilis, 358.
melanoderma in, 421.
of gastric form, 101.
remote results of the surgical treatment of, 421.
Epithelioma, primary, of the tympanum following suppurative middle-ear disease of twelve years' duration, 34.
Erysipelas, complicating ulcerated syphilides, 139.
ocular complications in, 60.
Eucasin as a children's food, 33.
Exostosis of the lower portion of the femur, angeioma, and aneurismal varix, 327.
Eye-strain: symptoms and treatment by glasses, 134.

Facial paralysis in chorea, 137.
Favus of the nails, a case of, 394.
Fever among the soldiers, 382.
Fox, L. Webster, injuries of the eyelids and eyeballs, 81.
iritis and its treatment; strabismus: Mules's operation, 324.
Frontal sinusitis and abscess of the brain, 100.

Glass-blowers, the cataract of, 188.
Gleason, E. B., The operative treatment of chronic suppuration of the middle ear, 161.
Gonorrhœa a constitutional disease, 23.
Gonorrhœal phlebitis, 298.
Grippe, an eruption of rose-colored spots in the course of, 260.
and the puerperal state, 301.
Gummata, precocious, 180.

Hæmophilia, renal, 335.
Hæmorrhoids, the treatment of, by the clamp and cautery, 171.
Hemiplegia, pneumonic; meningism and meningitis, 23.
progressive, 386.
Herpes zoster, aberrant vesicles of, 383.
caused by arsenic, 19.
Hewitt, George A., advantages of the Pinellas Peninsula, 57.
archæology of the west coast of Florida, 135, 173.
the camphor-tree in Florida, 18.
the pile-dwellers of the west coast of Florida, 213.
the Pinellas Peninsula: an admirable site for an army-camp, 258.
Hollopeter, W. C., catarrhal jaundice, ulcerative stomatitis, whooping-cough, 445.
Howell, Aaron, does diphtheria destroy the effect of vaccination? 464.
eye-strain: symptoms and treatment by glasses, 134.
Hyperæsthesia of the stomach, 418.
Hysterical brachial monoplegia, 217.

Ichthyosis, localized and symmetrical, 300.
psoriasis, herpes zoster, 321.
Injuries of the eyelids and eyeballs, 81.
Intestinal perforations of unknown origin, 219.
Iodothyrin in goitre, the therapeutic action of, 139.
Iritis, etiology of, 261.
its treatment; strabismus: Mules's operation, 324.
Irritable bladder, 166.

Digitized by Google

Kenner, Robert C., a successful treatment of delirium tremens, 286.
Keratitis, herpetic, 139.
Kirby, Ellwood R., irritable bladder, 166.

Laplace, Ernest, exostosis of the lower portion of the femur, angeioma and aneurismal varix, 327.
surgery of serous cavities, 91.
the treatment of hæmorrhoids by the clamp and cautery, 171.
Laryngitis, acute, caused by potassium iodide, 395.
acute circumscribed or nodose rheumatic, 140.
Limitations of the Murphy treatment, 284.
Locomotor ataxia, atrophy of the optic nerve in, 339.
deafness in, 417.
laryngeal lesions of, 61.
Lupus of the lacrymal passages, 297.
vulgaris, chronic eczema, seborrhœa sicca, 452.
Lymphangiectasis of the bulbar conjunctiva, 301.

Mania in convalescence from measles, 232.
Massage, physiological action of, on glandular secretion, 197.
McKenna, John A., co-existence of an anomalous ureter and a vegetative endocarditis in the same case, 96.
Medical News and Miscellany, 31, 70, 109, 147, 188, 226, 272, 308, 348, 393, 428, 474.
Meningitis, serous, in the course of acute otitis, 58.
tuberculous, in the adult, diagnosis of, 216.
tuberculous, of choreic type, 35.
Metrorrhagia in diseases of the liver, 22.
Mink, Arthur E., neurasthenia, with special reference to the best mode of treatment, 465.
Myxœdema of the adult, spontaneous, 338.

Nephritis due to the diplococci of Fraenkel and diplococcæmia consecutive to tonsillar angina, 20.
Neuralgia, simultaneous, of the auditory, trigeminal, and facial nerves, 420.
Neurasthenia, with special reference to the best mode of treatment, 465.
Notes on skin diseases, 168.

Œdema and ecchymosis of hysterical origin, 100.
Œsophagus, sudden stricture of the, 467.
Old books, 288.
Orchitis of mumps without swelling of the salivary glands, 337.
Osseous atrophy in hemiplegia of the adult, 140.
Osteomyelitis of vertebræ, acute, 179.
Otitis, sympathetic, 22.
Ott, Issac, animal extracts, 11, 48, 87, 127, 174.
passiflora incarnata—its physiological action, 457.
the thermogenic action of betetetrahydronaphthylamin, 411.
valedictory address to the graduating class of the Medico-Chirurgical College of Philadelphia, 201.

Paralysis of the laryngeal muscles in typhoid and typhus fevers, 20.
of the recurrent nerve consecutive to measles, 178.
Paroxysmal expiratory laryngeal spasm, 178.
Passiflora incarnata—its physiological action, 457.
Pathological relations between the nose and eyes, 61.
Phlebitis of the leg consecutive to streptococcic angina, 101.
Pleurisy, purulent, with gaseous distension of the pleura, 263.
Pneumonia with arthritis and purulent pleurisy, 262.
Precocious œdema in secondary syphilis of the larynx, 219.
Pregnancy, ectopic, 192.
Protargol, 62.

Radioscopy of the thoracic organs, 33.
Recurrent febrile herpes of the cornea, 467.
Reflex neuroses of nasal origin, 20.
Retinitis of nephritis and tuberculosis, 99.
of pregnancy, 469.
Rheumatic angina, 468.
Rheumatism, atypical forms of acute articular, 138.
Rhino-pharyngo-laryngo-scleroma, 177.
Robin and Mendel, buzzing in the ears and its treatment by cimicifuga racemosa, 255.
Rodman, William L., appendicitis, 7.
the influence of age, sex, and race in surgical affections, 361.
Rosacea, vitiligo, hyperidrosis, polytrichia, 378.

Sangree, Ernest B., the death of an eosinophile, 16.
Scabies, comedones and acne; chancroid; sycosis, 249.
Scarlatina, apyretic, 261.
puerperal, 300.
successive attacks of, in the course of grippe, 299.
Scarlet fever, paralysis in the course of, 34.
Schaefer, Theodore William, the chemico-physiological action of copper and its importance in animal and plant life, 211.
Sciatica, deformity of the trunk in, 310.
Sclerosis of plumbic origin, 217.
Shoemaker, John V., address to the students of the Medico-Chirurgical College of Philadelphia, 403.
fever among the soldiers, 382.
ichthyosis, psoriasis, herpes zoster, 322.
notes on skin diseases, 168.
rosacea, vitiligo, hyperidrosis, polytrichia, 378.
scabies, comedones and acne; chancroid, sycosis, 249.
secondary and tertiary syphilis, 84.
the practice of shampooing, 46.
Sialorrhœa cured by the reduction of a retroflexed gravid uterus, 72.
Solomon, Leon L., strontium arsenite *vs.* potassium arsenite; liquor strontii arsenitis *vs.* liquor potassii arsenitis, 333.
Spontaneous cure of a large erectile tumor of the tongue, 335.
Strontium and its salts, 62.
Strontium arsenite *vs.* potassium arsenite; liquor strontii arsenitis *vs.* liquor potassii arsenitis, 333.

Digitized by Google

Suppurating meningitis consecutive to the difficult eruption of a wisdom tooth, 468.
Surgery of serous cavities, 91.
Syphilide, hypertrophic vegetating of the face, 299.
Syphilis, hereditary, lesions of the optic nerve in, 300.
malignant, 262.
of the uterus, 356.
secondary and tertiary, 84.
Syphilitic osteoperiostitis preceding roseola, 218.
ulcer of the stomach, 336.
Syphiloma, diffuse, of the penis, 102.

Tabes dorsalis, the distribution of anæsthesia in, 76.
The camphor-tree in Florida, 18.
The chemico-physiological action of copper and its importance in animal and plant life, 211.
The death of an eosinophile, 16.
The influence of age, sex, and race in surgical affections, 361.
The mechanism and reduction of dislocations of the hip, 41.
The operative treatment of chronic suppuration of the middle ear, 161.
The physiological action of arecoline upon the eye and its application in the treatment of glaucoma, 387.
The pile-dwellers of the gulf-coast of Florida, 213.
The Pinellas Peninsula: an admirable site for an army-camp, 258.
The practice of shampooing, 46.
The successful young doctor, 241.
The thermogenic action of betatetrahydronaphthylamin, 411.
The treatment of pulmonary tuberculosis, 132.
Therapeutic Notes, 24, 62, 102, 141, 181, 219, 263, 302, 340, 387, 421, 469.
Tuberculosis, cutaneous, with numerous and varied manifestations, 261.
Tuberculosis verrucosa of the hand in pulmonary tuberculosis, frequency of, 262.
Typhoid fever, diffuse paralysis in, 417.
Typhoid fever, disturbances of pneumogastric innervation in, 261.
orchitis or epididymitis as a complication or sequel of, 429.

Umbilicus, deviation of, 152.
Uterine displacements, with special reference to the treatment of forward and backward dislocations, 1.

Valedictory address to the graduating class of the Medico-Chirurgical College of Philadelphia, 201.
Varicocele, the prognostic value of, in tumors of the kidney, 99.

Waugh, William F., the treatment of pulmonary tuberculosis, 132.
What does a physician mean when he writes for "emplastrum belladonnæ (U.S.P.)"? 281.
Worms, the phenomena produced by, 310.

Digitized by Google

COMMERCIAL NEWS.

"Caroid."

Caroid, a digestive ferment derived from the carica papaya or exotic pawpaw, is a pale yellow, dry, non-hygroscopic powder, and possesses remarkable properties, which, while interesting to the chemist and experimenting physiologist, are of much greater importance from a clinical standpoint to the physician and his patient. It digests all forms of albumin, converting them to peptone, and does this in either an acid, alkaline, or neutral medium, and exerts, even in very small doses, a softening and disintegrating action upon meat fibre and other proteids, thus rendering them easy of digestion. It dissolves mucous rapidly, and in this way removes the catarrhal products from the walls of the stomach, leaving this organ in the best condition to do its own work.

At intervals, for a number of years, investigators have turned their attention to the possibilities of the carica papaya. In 1892 R. H. Chittenden, Professor of Physiological Chemistry in Yale University, published a report of an exhaustive investigation of this subject. Since Professor Chittenden's investigations, medical authorities have willingly conceded that it is an ideal ferment from the physician's standpoint, because of its power to act in either an acid, alkaline or neutral medium; its solvent action upon all sorts of food; its ability to act in the presence of antiseptics; its marked activity in the presence of many drugs and medicines, and its absolute cleanliness and freedom from even the suspicion of decomposed animal tissue.

The Only One.

"I am glad to be able to give you the following testimony regarding a patient who has been an invalid for many years, and has had great trouble with her diet, I think due to a subacute inflammation of the mucous membrane of the stomach and bowels. For months at a time she has been unable to take a particle of starchy food, and naturally a number of the prepared foods have been tried, and different ones have seemed for a time to agree with her; but Imperial Granum is the only one she can always rely on, often using it exclusively as a diet for weeks at a time. In one or two instances we feel that it has almost saved her life."

Many Saline Laxatives and cathartic pills are contra-indicated in the treatment of habitual constipation, on account of their tendency to deplete the system too rapidly. Physicians frequently report a progressive inefficiency from their continued use. Doctors say that the more one takes of salts and pills the more constipated the system becomes, while on the other hand one enjoys both the method and results when Syrup of Figs is taken. It is pleasant and refreshing to the taste, and acts gently yet promptly on the kidneys, liver and bowels, cleanses the system effectually, and overcomes habitual constipation permanently. The great trouble with all other purgatives and aperients is not that they fail to act, when a single dose is taken, but that they act too violently. Ladies and children enjoy the pleasant taste and gentle action of Syrup of Figs, and find it delightful and beneficial whenever a laxative remedy is needed. For business men it is invaluable, as it may be taken without inconvenience and does not gripe nor nauseate.

In Laryngeal or Winter Coughs.

Dr. Walter M. Fleming (Journal of Nervous and Mental Disease) says, that in acute attacks of laryngeal or winter cough, tickling and irritability of larynx, Antikamnia and Codeine Tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five-grain tablet, containing 4 $^{8}/_{4}$ gr. Antikamnia and $^{1}/_{4}$ gr. Sulphate Codeine, an hour before retiring, and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva.

(Continued on advertising page 18.)

Digitized by Google

FOR
INDIGESTION,
MALASSIMILATION
OF FOOD,
AND ALL FORMS OF
DYSPEPSIA.

FORMULA:

℞ Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr.
Nux Vomica, 1-8 gr.
Powd. Capsicum, 1-10 gr.
Concentrated Pepsin, 1 gr.
Dose 1 to 3.
55 cents per 100.

PIL: ANTISEPTIC COMP.

(W. R. WARNER & CO.)

ANTI-DYSPEPTIC. ANTI-RHEUMATIC.

PIL: ANTISEPTIC COMP. is serviceable in atonic dyspepsia, nervous dyspepsia—in fact all forms of this disease, because it strengthens the lowered digestive vitality. The Nux Vomica and Capsicum, besides promoting involuntary contraction of muscular fibre, relieve flatulence and constipation.

The digestive properties of the Pepsin, assisted by the action of the Salicylic Acid and Sulphite of Sodium, in addition to the above, make this an effective remedy.

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

W. R. WARNER & CO.
PHILADELPHIA.
NEW YORK.
CHICAGO.

Salophen The Safest, Most Agreeable and Reliable Anti-rheumatic.

An Important Advance in Gonorrhœa Therapeutics. **Protargol**

Europhen The Odorless and Non-toxic Iodoform Substitute.

A Specific for All Forms of Headache. **Hemicranin**

Lycetol The Uric Acid Solvent and Anti-arthritic.

Send for samples and literature to

FARBENFABRIKEN OF ELBERFELD CO., 40 Stone St., New York.

Selling agents for the Bayer Pharmaceutical Products:

Aristol, Creosote Carbonate (Creosotal), Europhen, Ferro-Somatose, Guaiacol Carbonate (Duotal), Hemicranin, Heroin, Iodothyrine, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Quinaigen, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

Digitized by Google

After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the same course of administration should be observed until subdued. In neuralgia,—in short, for the multitude of nervous ailments,—he doubts if there is another remedial agent so reliable, serviceable, and satisfactory, and this, without establishing an exaction, requirement, or habit in the system, as morphine does.—The New York Medical Journal.

Angier's Petroleum Emulsion.

"The fluctuating temperature that constantly attends the tuberculous conditions is attributable to the disorganizing influence of the tubercle bacillus upon the nerve tissues, especially the medulla. This condition is usually described as reflex. Rational relief is found in that agent which encourages the hasty return of normal vitality to the nervous system and one which serves to establish a uniform heat genesis. I have found that Angier's Petroleum Emulsion admirably meets these requirements."

Urotropine in the Treatment of Cystitis.

I do not pretend in this short article to review the effects of the various urinary antiseptics, but simply to record my experience of the antiseptic treatment of cystitis, especially in regard to the exhibition of the drug Urotropine or hexamethylen-tetrainin, lately introduced to the notice of the profession by Professor Nicolaier, of Göttingen.

It has now been decisively proved that the cause of cystitis is an invasion of the bladder by pathogenic micro-organisms, of which numerous varieties have been discovered in pathological urine. Normal urine is perfectly aseptic, but as Professor Elliott, of Chicago, says, "the large amount of organic matter which the urine contains renders it an excellent medium for development, should infection take place, in which event the bladder becomes converted into a veritable incubator for the propagation of bacteria."

In the treatment of cystitis, therefore, the first and main indication must be to render the urine antiseptic, which object accomplished, we are a long way on the road to our goal—the cure of the disease.

The principal drugs used for this purpose, I may say, are salol, ammonium, benzoate, boric acid, guaiacol, resorcin, benzonaphthol, sodium salicylate, creasote, etc. These drugs I have found useful in rendering the urine antiseptic, and they have been extensively employed in the treatment of cystitis, but none of them in my experience could be called a perfectly reliable and satisfactory urinary antiseptic. One drug only in my hands answered this description, and this was Urotropine.

Urotropine is a non-toxic and non-irritating derivative of formic aldehyde. It is formed by the action of four molecules of ammonia on six molecules of Formaldehyde, and was first introduced to the profession by Professor Nicolaier in 1895, who asserted that it possessed the power of dissolving uric acid concretions and also that taken per ora it prevented the development of bacteria in the urine. I have not had an opportunity of thoroughly testing its power of dissolving calculi, so cannot personally say whether it possesses this property, but in cases of cystitis and of phosphaturia its action has, in my hands, been almost specific, and I have been satisfied beyond all expectation with the result. Urotropine appears in the urine as early as fifteen minutes after its administration, and its presence can be recognized twelve hours later after a dose of 7 1/2 grains. It is soluble in 1.2 parts of water at 68° F., and the reaction of its solution is faintly alkaline.

In some cases Urotropine is said to cause a slightly burning sensation in the bladder if large doses are taken, but no patient to whom I gave the drug ever complained of this to me. I will now give a clinical illus-

(Continued on advertising page 20.)

Digitized by Google

Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

FOR INDIGESTION,

MALNUTRITION, AND ALL WASTING DISEASES,

TRY

THE DIGESTIVE SECERNENT,

SENG

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding. Sample to any **Physician** who will pay express charges.

SULTAN DRUG CO., St. Louis and London.

ADEPS LANÆ, MERCK.

A STANDARD OINTMENT BASE.

Odorless: free from the natural acidity of ordinary wool-fats; wholly free from foreign acids and alkalies; is miscible with water, and aqueous solutions of salts, and with other fats. Adeps Lanæ Merck (Hydrosus) is of U. S. P. quality.

AQUA LEVICO. Alterant Tonic.

Arsenous acid, iron sulphates, and copper sulphate in natural solution. Indicated in anemic, chlorotic, neurasthenic, and neurotic conditions. Aqua Levico is the natural water from two springs ("Mild" and "Strong") in the Tyrol, differing in arsenical, ferric, and cupric strength. Literature on request.

Every physician is interested in the purity of the chemicals dispensed to his patients. Specify "Merck's" for reliability.

IODOFORMOGEN.

ODORLESS IODOFORM.

Iodoformogen (Iodoform Albuminate) is devoid of the penetrant odor of ordinary iodoform. It does not conglutinate, and is three times bulkier than an equal weight of iodoform. In consequence of this lightness it adheres more intimately and firmly to wound surfaces, and it can readily be brought into contact with remote recesses of wound cavities. Clinical investigators report that Iodoformogen is more thorough, more persistent, and more economical than simple iodoform. Literature on request.

GELANTHUM. Dermic Varnish.

A water-soluble vehicle for the application of dermic remedies. It forms a smooth, homogeneous, covering without tendency to stickiness. Sample free.

Purity of Chemicals is quite as essential as exactitude in compounding. For reliability specify "Merck's."

MERCK & COMPANY,

UNIVERSITY PLACE. NEW YORK.

Digitized by Google

tration of the action of this drug, in which I must say it was most brilliantly successful after every other drug of this nature had failed, and one which many eminent men had regarded as beyond medical treatment.

Case.—A gentleman, 35 years of age. The patient was suffering from chronic cystitis, of fifteen years' standing, complicated with attacks of profuse hæmaturia. For the past twelve years the attacks of hæmaturia had occurred at intervals of from three to six months, lasting some two or three days. This patient had previously been treated by various medical men, including many specialists in urinary disease, and he informed me that he believed "he had taken every drug in the Pharmacopœia." At its first onset the hæmaturia had led to a suspicion of malignant disease, and later on to a suspicion of villous growths in the bladder, both of which ideas had been abandoned, and there now was little doubt that the cause of the hæmorrhage was a congestive cystitis, set up by the great excess of mucus in the urine, which contained pus and was alkaline. This seemed to me a case in which the astringent properties of Urotropine on the vesical mucous membrane, and also its antiseptic effect on the urine, could be put to a severe test. I am, however, glad to report that in every way it was a complete success. I gave large doses of Urotropine (20 grains twice a day), as this was such a chronic case. In passing through the system a portion of the Urotropine is decomposed and becomes Formaldehyde, while another portion appears unchanged in the urine, as has been shown by Dr. Casper, of Berlin. It seems to me, therefore, advisable to give as large doses as possible in bad cases. In six days' time the urine became clearer, but still remained alkaline in reaction. I therefore, as in some cases the Formaldehyde is better liberated in acid urines, gave small doses of acid dil. sulphuric oil three times a day, in addition to the Urotropine. In three days' time, *i.e.*, nine days from the commencement of treatment, the urine became clear and slightly acid, and on the fourteenth free from pus. I may say that this was *the first time the urine had been clear for fifteen years.* I now diminished the dose, giving 15 grains twice a day, which amount was taken for a month, at the end of which time I further reduced the quantity to 7 1/2 grains twice a day, which dosage has been taken up to quite recently. The patient's urine has remained from the commencement of treatment up to the present date (five months) perfectly clear and free from pus, and there consequently has been no return of the hæmaturia.

The points I wish to emphasize in this case are, the extremely chronic character of the case, the failure of all other drugs, both astringent and antiseptic, to benefit the case in the slightest degree, the rapid beneficial effect of the Urotropine, and the fact that for nearly five months the patient took the drug without the least unpleasant effect.

In prescribing Urotropine, my experience teaches that firstly the reaction of the urine should be discovered, and if very acid a little citrate or acetate of potash, or if very alkaline a little dilute mineral acid should be given in addition to the drug.

In conclusion, I may say that, in my opinion, we have in Urotropine the most thoroughly reliable urinary antiseptic and astringent, and the one nearest approaching to specific for cystitis and allied affections. —T. Gordon Kelly, M.A., M.D., Trin. Coll. (Dub.), Desford, Leicester, in The Therapist, Oct. 15, '98.

Talcum Crystals.

At the meeting of the Mississippi Valley Medical Association at Nashville, a physician of wide reputation, after examining through a microscope the crystaline character of Talcum side by side with the truly impalpable infant powder, Pulvola, remarked: "Well, if I had known Talcum was such stuff I would have discouraged its use long ago." Every physician should look at Talcum through his microscope and com-

(Continued on advertising page 22.)

Digitized by Google

AS AN ANODYNE AND HYPNOTIC

...KRYOFINE...

(Methoxacet-p-phenetidin)

IS POWERFUL AND WITHOUT ILL EFFECTS.

DR. GEORGE F. BUTLER, Professor of Materia Medica and Clinical Medicine, College of Physicians and Surgeons, Chicago; Attending Physician Cook County Hospital, etc., in the course of an article in the Chicago Clinic, says:

"With the exception of morphine, no drug possesses so positive, prompt and efficient an analgesic property as Kryofine; indeed there are painful disorders—such as migraine, and particularly the pains of locomotor ataxia and certain spinal diseases—where Kryofine seems nearly as efficient as morphine, and attended with less unpleasant sequelæ."

In the services of Drs. J. Rudisch, A. Meyer and A. G. Gerster, Mt. Sinai Hospital, New York, it was found that:

"As a hypnotic in insomnia, unaccompanied by severe pain, it has proved of undoubted value."

"In a case of acute suppurative arthritis, general sepsis and pericarditis, the drug did not affect the pulse. When the child was restless at night, 2½ grains of Kryofine produced a quiet sleep, lasting several hours."—DRS. HAAS and MORRISON, New York Med. Journal.

Dose:—4-7½ grs., tablets or crystalline powder. Literature and Samples sent on request.

C. BISCHOFF & CO., NEW YORK.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anæmia Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise,

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

Removed to No. 15 Murray Street.

Digitized by Google

GLOBE Nebulizer

Not an Experiment,

but a practical and scientific instrument, the superior merits of which have been absolutely demonstrated in the hands of thousands of physicians.

Can be Operated Successfully

either with or without air condenser, in the office or at the bedside.

The Globe Nebulizer applies all classes of remedies to any part of the respiratory tract and middle ear with an effectiveness never before obtainable. Each instrument is fitted with our improved mask, WITH DETACHABLE PNEUMATIC RUBBER CUSHION, and our latest improved nebulizing tube which is WARRANTED NEVER TO BECOME CLOGGED with any sort of solution. *Write for illustrated literature.*

The GLOBE MFG. CO., Battle Creek, Mich.

SIGNS GLASS & METAL SIGNS
HIGHEST GRADE
FOR PHYSICIANS, DENTISTS ETC.
J.W. RUSSELL & CO.
MFR'S 294 PEARL ST. NEW YORK.
WRITE FOR PRICE LIST.

pare it with Pulvola. The contrast is so marked as to convince the most skeptical of the dangers of applying Talcum to the delicate or inflamed skin of the infant, and of the advantages of Pulvola, the waterproof baby powder.

FROM ALBANY, N. Y.

Professor John Milton Bigelow, of Albany Medical College, states: "Platt's Chlorides are incomparable, reliable and effective for all purposes set forth in the prospectus of the firm." E. H. Humphrey, M.D., writes: "I recently had a boy, sick with scarlet fever, isolated in a room the doorway of which was constantly covered with sheets kept wet with Platt's Chloridea. Four other boys escaped infection, though they remained in the same house."

WHAT IS MALTZYME?

Maltzyme (plain) is a diastasic essence of malt extracted and concentrated by a new process. As it contains a larger proportion of diastase than any kindred preparation, a tablespoonful will, in ordinary cases, be found sufficient for adults; children in proportion. It should be administered during or immediately after meals. Maltzyme is nutritive, as well as highly diastasic, because it contains not only the proper amount of digested carbohydrates and nitrogenous material, but also the phosphates of the grain. It will be found an invaluable remedy for starchy indigestion, and is especially indicated in the treatment of children whose puny development and lack of vigor may be attributed to the imperfect assimilation of starchy and vegetable foods. In such cases Maltzyme will cause prompt increase in weight and dispel the irritability so often due to indigestion.

VISITORS to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

Digitized by Google

DOCTOR, Do you Keep your Accounts in the

Physicians' All-Requisite

Time- and Labor- Saving Account-Book?

If so, you know what it is to have your patients' accounts always in the most satisfactory shape attainable. If not, this is a good time to begin, and, the sooner you commence, the more you will congratulate yourself and us upon your sensible choice.

In every essential, such as **the Saving of Time, Labor, Anxiety, and Expense,** and in **Accuracy, Clearness, and Completeness of Record,** it is, by all odds, the most desirable book of its class. It is made in two sizes, as follows:—

No. 1. For 900 Accounts per Year, 300 Pages, Size, 10 x 12. Bound in ¾-Russia, Raised Back-Bands, Cloth Sides, ... **$5.00**

No. 2. For 1800 Accounts per Year, 600 Pages, Size, 10 x 12. Bound in ¾-Russia, Raised Back-Bands, Cloth Sides, ... **$8.00**

These are net prices, shipping expenses prepaid, but do not include the Custom duties to purchasers in Canada.

Send us your address and we will immediately forward you a complete descriptive circular showing in detail the plan of the book and how the accounts are kept.

MENTION SHOULD ALSO BE MADE OF

THE MEDICAL BULLETIN VISITING-LIST,

OR PHYSICIANS' CALL-RECORD.

Arranged upon an Original and Convenient Monthly and Weekly Plan for the Daily Recording of Professional Visits. Frequent Rewriting of Names Unnecessary.

Physicians of many years' standing and with large practices pronounce it **the Best List they have ever seen.** It is handsomely bound in fine, strong leather, with flap, including a pocket for loose memoranda, etc., and is furnished with a Dixon lead-pencil of excellent quality and finish. It is compact and convenient for carrying in the packet. Size, 4 x 6⅞ inches.

IN THREE STYLES.

No. 1. Regular size to accommodate 70 patients daily each month for one year, ... Net, **$1.25**

No. 2. Large size to accommodate 105 patients daily each month for one year, ... Net, **$1.50**

No. 3. In which the "Blanks for Recording Visits in" are in removable sections, ... Net, **$1.75**

N. B.—The Recording of Visits in this List may be Commenced at any Time during the Year without Loss or Waste of Space. Send for a detailed descriptive circular.

THE F. A. DAVIS COMPANY, Medical Publishers.

PHILADELPHIA: 1914 and 1916 Cherry Street.
NEW YORK: 117 West Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 South Clark Street.

Digitized by Google

JUST PUBLISHED.

NEW EDITION OF

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., LL.D.,

Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital, Chicago, Ill., etc.

Illustrated with COLORED PLATES and Numerous WOOD-ENGRAVINGS.

Second Edition. Thoroughly Revised and Enlarged. Royal Octavo. Nearly 700 Pages.

Net Prices: Extra Cloth, $4.50; Sheep, $5.50; Half-Russia, $5.50.

These prices do not include Custom duties to purchasers in Canada.

THE POINTS ABOUT THIS WORK TO BE REMEMBERED ARE:

- It is a New Edition.
- Thoroughly Revised.
- Considerably Enlarged.
- With Sixty-nine Additional Illustrations (a total of 178) and Five Colored Plates.
- Clear Type.
- Excellent Paper.
- Careful Presswork.
- Substantial Bindings.
- The Cost to the Physician and Student is Most Moderate and Reasonable.
- It is a Scientific Work.
- A Scholarly—that is, An Accurately-Written—Work.
- A Text-Book in Numerous Colleges.
- Warmly Commended by Teachers of Surgery Everywhere.
- The Criticisms of the Press are Universally Commendatory and Full of Enthusiastic Praise of the Whole Work.
- Fully Abreast of the Times.
- An Indispensable Addition to the Working or Reference Library of Every Live, Earnest Physician or Surgeon.

The subject-matter in this, the most important of the many able works from Dr. Senn's pen, includes: **Regeneration. Regeneration of Different Tissues. Inflammation. Pathogenic Bacteria. Necrosis. Suppuration. Suppurative Osteomyelitis. Suppuration in Large Cavities. Abscess of Internal Organs. Ulcers and Fistula. Septicæmia. Pyæmia. Erysipelas. Tetanus. Hydrophobia. Surgical Tuberculosis. Tuberculosis of Lymphatic Glands, Peritoneum, Bones and Joints, Tendon-Sheaths, etc. Actinomycosis Hominis. Anthrax. Glanders,** etc. A great deal of very valuable new material on the above and other subjects has been incorporated in this new edition, greatly enhancing its practical value.

THE F. A. DAVIS CO., Medical Publishers, 1914-16 Cherry St., Phila.

BRANCH OFFICES: 117 W. Forty-Second St., New York City, U. S. A.
9 Lakeside Building, 214-220 S. Clark St., Chicago, Ill., U.S.A.

Digitized by Google

NEW EDITIONS

OF

Two Famous Standard Text-books

HAVE JUST BEEN ISSUED BY THE F. A. DAVIS CO., Namely:

(1) Diseases of the Ear, Nose, and Throat and Their Accessory Cavities.

A Text-book for Students and Practitioners. By SETH SCOTT BISHOP, M.D., LL.D., Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College, Chicago; Professor of Otology in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc., etc.

Second Edition, Thoroughly Revised and Enlarged. Illustrated with Ninety-four (94) Life-like Colored Lithographs and over Two Hundred Additional Illustrations. Royal Octavo, 560 pages. Bound in Extra Cloth, $4.00 net; Sheep, $5.00 net; Half-Russia, $5.00 net.

The new edition contains over thirty new half-tones and photo-engravings, between forty and fifty new colored illustrations,—which have been made into several handsome chromo-lithographic plates,—making in all about seventy illustrations that are entirely new. Besides these, there are quite a number of illustrations of new instruments, and new and improved illustrations of other old and improved instruments. The book is thirty per cent. larger than the old one, containing that much more reading matter.

(2) Practical Obstetrics.

Pregnancy, Labor, the Puerperal State, and Obstetric Surgery. A Text-book for Physicians and Students. By EGBERT H. GRANDIN, M.D., Consulting Obstetric Surgeon to the New York Maternity Hospital, Consulting Gynæcologist to the French Hospital, etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.

New, Second, Thoroughly Revised Edition. In One Handsome Royal Octavo Volume of nearly 500 pages, Sixty-four Full-Page Photographic Plates taken from nature, besides many other cuts in the text, the whole forming the Most Modern and Complete Work on the Science and Art of Obstetrics. Cloth, $4.00 net; Full Leather, $4.75 net.

The physician who glances complaisantly at his volumes on obstetrics when the purchase of something later is suggested can rest assured that he will find plenty that is new, interesting, and vitally important in this modern treatise. It is so concise and free from verbiage that no time is lost in getting straight to the point under consideration. The technique can be relied upon as modern, practical, and adapted to general practice. The illustrations cover every detail.

THE F. A. DAVIS COMPANY, Publishers

PHILADELPHIA: 1914-16 Cherry Street.
NEW YORK: 117 W. Forty-second Street.
CHICAGO: 9 Lakeside Building, 214-220 S. Clark St.

Digitized by Google

LIST OF PUBLICATIONS

OF

THE F. A. DAVIS COMPANY,

PHILADELPHIA: 1914-16 Cherry Street.
NEW YORK: 117 West Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 South Clark Street.

Age of the Domestic Animals. (Huidekoper) $ 1.00
Anatomy of the Central Nervous System of Man, and of Vertebrates in General. (Edinger) 2.50
Anatomy, Text-Book on Practical. (Boenning) 1.50
Anatomy, Synopsis of Human. (Young) . . 1.00
Annual and Analytical Cyclopædia of Practical Medicine, Sajous's . . . per vol. 5.00
Annual of the Universal Medical Sciences: the Standard Medical Annual of the World 15.00
Auto-Intoxication in Disease. (Bouchard) 1.75
Autoscopy of the Larynx and Trachea. (Kirstein) 75

Bacteriological Diagnosis. (Eisenberg) . . 1.00
Book on the Physician Himself and Things that Concern his Reputation and Success. (Cathell) 2.00

Chart, Improved Clinical. (Bashore) 50
Chinese: Their Present and Future. Medical, Political, and Social. (Coltman) . . . 1.25
Circumcision, History of. (Remondino) . . 1.25
Chapter on Cholera for Lay Readers. (Vought) .50
Color-Vision and Color-Blindness. (Jennings) 1.00
Consumption. (Davis) 75

Daughter, The: Her Health, Education, and Wedlock. (Capp) . . . . . Paper .50
Diabetes. (Purdy) 1.25
Ear, Nose, and Throat. Diseases of the. (Bishop) 4.00
Eclampsia, Hand-Book of. (Michener) . . .40
Electro-Therapeutics, International System of. (Bigelow, Chief Editor) 6.00
Electricity in Medicine and Surgery. (Liebig and Rohé) 2.00
Embryology, A Syllabus of Lectures on Human. (Manton) 1.25
Epilepsy. (Hare) 1.25
Eye-Strain in Health and Disease. (Ranney) 2.00
Eye, Injuries to the. (Baudry) 1.25
Face and Form Reading, The Encyclopedia of. (Stanton) 4.00
Fevers, Hand-Book of. (Eshner) 2.00
Fever. (Hare) 1.25

Gynecology and Electro-Therapeutics, Conservative. (Massey) 3.50
Gynecology, Lessons in. (Goodell) 2.50
Gynecology, Practical. (Montgomery) Prep'g.

Hay Fever (Sajous) 60
Heredity, Health, and Personal Beauty. (Shoemaker) 2.50
History of the Life of D. Hayes Agnew, M.D., LL. D. (Adams) 1.50
History of Medicine, An Epitome of the. (Park) 2.00
Hygiene, Text-Book of. (Rohé) 3.00
Hygiene, Outlines of Rural. (Bashore) . . .75

Insanity. (Krafft-Ebing). In preparation.

Latin, Elements of. For Students of Medicine and Pharmacy. (Crothers and Bice) . . $ 1.25
Life-Insurance, Record-Book of Medical Examinations for. (Keating) 50
Lungs, Heart, and Kidneys, Diseases of the. (Davis) 1.25

Materia Medica, Pharmacy, and Therapeutics, Hand-Book of. (Bowen) 1.00
Materia Medica and Therapeutics. (Shoemaker) 5.00
Medical Bulletin . . . . . per year, 1.00
Medical Bulletin Visiting-List, or Physicians' Call-Record 1.25
Medical Electro-Physics and Galvanism, International Text-Book of. (Bigelow, Editor) 2.50
Medical Formulary, International Pocket. (Witherstine) 2.00
Medical Symbolism. (Sozinskey) 75

Nervous Diseases, Lectures on. (Ranney) . . 3.75
Nervo-Vascular System, Three Charts of the. (Price and Eagleton) 50
Neuroses of the Genito-Urinary System in the Male. (Ultzmann) 1.00
Nose and Throat, Diseases of the. (Ivins) . 4.00
Nose and Throat, Diseases of the. (Sajous) 3.00
Obstetrics, Practical. (Grandin and Jarmin) 4.00
Obstetric Synopsis. (Stewart) 75
Oxygen and Other Gases in Medicine and Surgery. (Demarquay) 1.00

Physicians' Interpreter. In English, French, German, and Italian 1.00
Physician's Wife, The. (Firebaugh) . . . 1.25
Physicians' All-Requisite Time- and Labor-Saving Account Books 5.00
Physiology of the Domestic Animals. (Smith) 3.00
Plain Talks on Avoided Subjects. (Guernsey) 1.00
Primer of Psychology and Mental Disease. (Burr) 1.00
Psychopathia Sexualis. (Krafft-Ebing) . . 3.00

Rectum, Anus, and Contiguous Textures, Diseases of the. (Gant) 3.50

Skin, A Practical Text-Book on Diseases of the. (Rohé and Lord) 1.25
Southern California: Its Climate, Physical, and Meteorological Conditions. (Remondino) 40
Spinal Concussion. (Clevenger) 1.50
Suggestive Therapeutics in Psychopathia Sexualis. (Schrenck-Notzing) 2.50
Surgery, Principles of. (Senn) 4.50
Swedish Movement and Massage. (Nissen) . 1.00
Symptom Register and Case Record. (Straub) .75
Syphilis To-day and Among the Ancients. (Buret) . Vol. I, $1.25; Vols. II and III, 1.50

Tuberculosis of the Bones and Joints. (Senn) 4.00

Uranalysis and Urinary Diagnosis. (Purdy) 2.50

UNLESS OTHERWISE MENTIONED, BINDINGS ARE CLOTH AND PRICES ARE STRICTLY NET.

Complete Descriptive Catalogue Mailed on Request.

Digitized by Google

SOUND ADVICE.

"I have not become acquainted with Dr. Cathell through the medical press; I do not know whether he has discovered a new bacterium, or a novel method of emptying the female pelvis, or an antitubercular serum; but I do believe in this book he will live in the grateful hearts of generation after generation of physicians who will owe much of their success to him. He has seen much, and his experience is here crystallized into sound advice. There is help in it for the physician who finds, after a short time, that 'something is wrong' with his career. Here he can find what is the matter and the remedy for it. The senior student should read it before he even thinks of a location; he should read it often during his early professional life, **for from it he will gain much that he would otherwise obtain only from sometimes bitter experience.**"

G. H. S. in "The Colorado Medical Journal," Denver, Colorado.

THE FOREGOING REMARKS REFER TO THE

BOOK ON THE PHYSICIAN HIMSELF,

And Things that Concern his Reputation and Success.

— BY —

D. W. CATHELL, M.D.

Tenth Edition. Author's last revision. Royal Octavo. About 350 pages. Extra Cloth. Net, $2.00.

THE F. A. DAVIS CO., Publishers.

PHILADELPHIA: 1914 and 1916 Cherry Street.
NEW YORK: 117 W. Forty-Second Street.
CHICAGO: 9 Lakeside Building, 214-220 S. Clark Street.

Digitized by Google

STANDARD MODERN MEDICAL TEXT-BOOKS

ISSUED BY

THE F. A. DAVIS COMPANY, Medical Publishers,

PHILADELPHIA, PA.

Bindings in Cloth, Except when Otherwise Stated.

ALL THE FOLLOWING PRICES ARE STRICTLY NET. CARRIAGE CHARGES PREPAID BY THE PUBLISHERS.

*BASHORE—**Outlines of Rural Hygiene.** 75 cents.
*BISHOP—**Diseases of the Ear, Nose, and Throat.** Second Edition. Cloth, $4.00; Sheep or Half-Russia, $5.00.
BOUCHARD—OLIVER—**Auto-Intoxication in Disease. A Treatise on Intestinal and Urinary Pathology.** $1.75.
BURR—**Primer of Psychology and Mental Disease.** Second Edition, $1.00.
CATHELL—**Book on the Physician Himself.** Tenth Edition, $2.00.
CROTHERS AND BICE—**Elements of Latin for Students in Medicine and Pharmacy.** $1.25.
*EDINGER—HALL—**Structure of the Central Nervous System.** New, Enlarged, American Edition, $2.50
EISENBERG—PIERCE—**Bacteriological Diagnosis.** Cloth or Oil-cloth, $1.00.
*GANT—**Diseases of the Rectum, Anus, and Contiguous Textures.** Cloth, $3.50; Half-Russia, $4.50
*GRANDIN AND JARMAN—**Practical Obstetrics.** Second Edition. Cloth, $4.00; Sheep, $4.75.
***International System of Electro-Therapeutics.** Edited by H. R. BIGELOW, M.D. Cloth, $6.00; Sheep $7.00; Half-Russia, $7.50.
***International Text-Book of Medical Electro-Physics and Galvanism.** $2.50.
*IVINS—**Diseases of the Nose and Throat.** Cloth, $4.00. Sheep or Half-Russia, $5.00.
*MANTON—**Syllabus of Lectures on Human Embryology.** Second Edition, $1.25.
*MASSEY—**Conservative Gynecology and Electro-Therapeutics.** Third Edition, $3.50.
*MONTGOMERY—**A Text-book of Practical Gynecology.** IN PREPARATION.
*PARK—**An Epitome of the History of Medicine.** $2.00.
PRICE AND EAGLETON—**Three Charts of the Nervo-Vascular System, Nerves, Arteries, and Veins.** Unmounted, on extra durable paper. Per Set, 50 cents.
*PURDY—**Practical Uranalysis and Urinary Diagnosis.** Fourth Edition, $2.50.
*ROHÉ—**Text-book of Hygiene.** Third Edition, $3.00.
*ROHÉ AND LORD—**Practical Manual of Skin Diseases.** $1.25.
*SENN—**Principles of Surgery.** Second Edition. Cloth, $4.50; Sheep or Half-Russia, $5.50.
SHOEMAKER—**Materia Medica and Therapeutics.** Fourth Edition. Cloth, $5.00; Sheep, $5.75.
*SMITH—**Physiology of the Domestic Animals.** Cloth, $3.00; Sheep, $4.00.
*YOUNG—**Synopsis of Human Anatomy.** $1.00.

* ALL BOOKS DESIGNATED BY AN ASTERISK (*) ARE APPROPRIATELY AND LIBERALLY ILLUSTRATED

DETAILED DESCRIPTIVE CIRCULARS OF ANY OF THESE BOOKS FORWARDED PROMPTLY ON REQUEST. CORRESPONDENCE WITH COLLEGE PROFESSORS AND TEACHERS CONCERNING ANY OF THE ABOVE BOOKS SPECIALLY SOLICITED.

THE F. A. DAVIS COMPANY, Publishers,

1914 and 1916 Cherry St., Philadelphia.

Digitized by Google

Salesmen Wanted.

Years ago the country merchant went to the city once or twice a year to buy his goods. Now a traveler calls on him every week, and he buys what he wants from the latest samples.

The traveler has come to stay.

Years ago the country doctor received catalogues and ordered therefrom, when money was so plentiful that he did not know what else to do with it. Consequently he did not order very much, and good libraries were few and far between.

Following the example of the dry-goods man, the medical publisher began sending out travelers about twenty-five years ago. Is the universally admitted fact, that medicine has made greater progress in that time than during a century before, a coincidence only?

However this may be, the fact is that the progressive country doctor, a hundred miles from any city, now keeps better informed than the city doctor did then.

He has become accustomed to having the latest ideas in medicine presented to him by the wide-awake traveler. He welcomes him as a source of reliable information on the best publications.

While he does not always buy, he has, like the dry-goods man, become accustomed to consider this method of buying the most satisfactory one, because he can examine his purchase thoroughly before he pays his money for it.

In this is the traveler of great use to the physician.

We claim to have the largest force of *expert* travelers in the business. We want a few more. Physicians who would prefer to hustle days rather than nights, can hear about it by addressing, with particulars,

THE SUBSCRIPTION DEPARTMENT,

THE F. A. DAVIS COMPANY,

1914-16 Cherry St., Philadelphia, Pa.

Digitized by Google

COW'S MILK MODIFIED

BY

MELLIN'S FOOD

is used successfully in the

DEFICIENT DIGESTION OF INFANCY
DEFECTIVE DIGESTION OF SICKNESS
DIMINISHED DIGESTION OF OLD AGE

"Mellin's Food may be first dissolved in water and the solution used to dilute the milk, or the powder may be added directly to the milk. In either way the milk is rendered more digestible."

Domestic Hygiene of the Child,
PROF. UFFELMANN,
University of Rostock, Germany.

MELLIN'S FOOD FOR INFANTS AND INVALIDS

MELLIN'S FOOD COMPANY, BOSTON, MASS.

Dynamite!!!

is an annihilator.
So is nitroglycerin. It

Breaks up Asthma

almost magically.

Combined with Strychnine and Morphine it is the most successful because the most rational physiological treatment of the asthmatic paroxysm. The attack is jugulated at once. Our hypodermic tablets of

Nitroglycerin	1-100 gr.
Strychnine Sulph.	1-100 gr.
or Nitroglycerin	1 50 gr.
Strychnine Sulph.	1-50 gr.
or Nitroglycerin	1-50 gr.
Strychnine Sulph.	1-50 gr.
Morphine Sulph.	1-20 gr.

are most earnestly recommended. Free Samples.

SHARP & DOHME

BALTIMORE

CHICAGO NEW YORK

Digitized by Google

TABLE OF CONTENTS.

CLINICAL LECTURES:

An Elective Cæsarean Section. By G. M. Boyd, M.D. 443

Catarrhal Jaundice. Ulcerative Stumatitis. Whooping-Cough. By W. C. Hollopeter, A.M. M.D. 445

Lupus Vulgaris—Chronic Eczema—Seborrhœa Sicca. By John V. Shoemaker, M.D., LL.D. 452

ORIGINAL COMMUNICATIONS:

Passiflora Incarnata—Its Physical Action. By Isaac Ott, A.M., M.D. 457

Does Diphtheria Destroy the Effect of Vaccination? By Aaron Howell, M. D. 464

Neurasthenia, with Special Reference to the Best Mode of Treatment. By Arthur E. Mink, M.D. 465

ABSTRACTS:

Recurrent Febrile Herpes of the Cornea. 467

Sudden Stricture of the Œsophagus 467

Suppurating Meningitis Consecutive to the Difficult Eruption of a Wisdom-tooth 468

Rheumatic Angina. 468

Death from Injection of Extract of Chelidonium 469

Retinitis of Pregnancy 469

THERAPEUTIC NOTES 469

EDITORIALS:

Epileptic Delirium of Double Type 472

Long Incubation of Typhoid Fever 473

MEDICAL NEWS AND MISCELLANY 474

BOOK REVIEWS 480

COMMERCIAL NEWS 490

INDEX TO ADVERTISEMENTS.

Books.

Bernd's Physicians' Registers 8
D. Appleton & Co. . . . . 3d page cover
International Dental Journal 12
New Medical Publications . . . . . Insert page viii, 23–28

Electrical Apparatus.

Van Houten & Ten Broeck 15

Food.

Armour & Co. . . . . Insert page v
Bovinine 5
Fairchild Bros. & Foster . . . . . Insert page ii
Imperial Granum . . . . . Insert page iv
Maltine 10
Maltzyme 7
Mellin's Food 30

Furniture (Hospital).

Bernstein Manufacturing Co. 13

Medical College.

Medico-Chirurgical College 4

Mineral Water.

Vichy Celestins 9

Miscellaneous.

Carriage Lamps 6
F. E. May 6
Globe Nebulizer 22
Physicians' and Dentists' Signs 22
Salesmen Wanted 29

Pharmaceutical Preparations.

American Ferment Co. 11
Angier Chemical Co. . . . . Insert page vii
Antikamnia 7
B. Keith & Co. 6, 10
Battle & Co. 13

Pharmaceutical Preparations (*continued*).

Breitenbach Co. 14
C. N. Crittenton Co. 16
California Fig Syrup Co. 14
E. Fougera & Co. 2, 11
Elixir of Opium 4
Elberfeld Co 17
Fellows's Syr. Hypophos. Co. 32
Gibbs's Suppositories . . . . . Insert page iv
Glycozone (Marchand) . . . . . Insert page v
Henry K. Wampole & Co. 32
Henry Pharmacal Co. 13
Kryofine 21
Lehn & Fink 2
Listerine . . . . . 3d page cover
McKesson & Robbins . . . . . Insert page vi
Mercauro . . . . . 2d page cover
Merck & Co 19
New York Pharmaceutical Co. 8
Od Chem. Co. 8
Parke, Davis & Co. . . . . Insert page i
Peacock Chemical Co. 1
Plantes's Capsules 4
Platt's Chlorides 16
Pulvola Chemical Co. . . . . Insert page iii
Purdue Frederick Co. 21
Resinol Chemical Co. . . . . 2d page cover
Rio Chemical Co. 9
Schering & Glatz 3
Schieffelin & Co. . . . . Outside cover
Scott & Bowne . . . . . Insert page iii
Sharp & Dohme 30
Sultan Drug Co. 19
Victor Koechl & Co. 15
Vin Mariani 1
Wm. R. Warner & Co. 17

Sanitarium.

Burn Brae 6

Soaps.

Packer's Tar Soap 19

Digitized by Google

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;
The Oxidising Agents—Iron and Manganese;
The Tonics—Quinine and Strychnine;
And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. **It has also** been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Medical Letters may be addressed to ***Mr. FELLOWS, 48 Vesey Street, New York.***

WAMPOLE'S
PULVEROUS PILLS

(Dry Powder in Pill Form).

A PERFECT PILL

Which will never get harder or less soluble with age.

Made without excipient or pressure, in the condition of a dry porous powder, readily crushed and disintegrated with a thin, very soluble coating.

We claim positive accuracy of subdivision, and highest quality and integrity of ingredients.

SPECIAL PRICES given, and
PRIVATE FORMULA orders solicited,
in quantities of 3,000 to 50,000,000, or more.

SAMPLES FREE

By mail, on application to us.

HENRY K. WAMPOLE & CO.,

MANUFACTURING PHARMACISTS,

PHILADELPHIA, PA., U. S. A.

Digitized by Google

GENERAL LIBRARY, UNIV. OF MICH. 87 DEC 1898

THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

JOHN V. SHOEMAKER, M.D., LL.D.

Vol. XX. DECEMBER, 1898. No. 12.

BESIDE THE WATERS AT POINT PINELLAS.

TERMS: SINGLE COPIES, 15 CENTS; $1.00 PER YEAR IN ADVANCE

IN THE UNITED STATES, CANADA, AND MEXICO.

THE F. A. DAVIS COMPANY, Publishers.

PHILADELPHIA: 1914 and 1916 Cherry Street. **NEW YORK**: 117 W. Forty-Second Street.

CHICAGO: 9 Lakeside Building, 214-220 S. Clark Street.

LEADING ARTICLES THIS NUMBER: "An Elective Cæsarean Section." "Catarrhal Jaundice—Ulcerative Stomatitis—Whooping-cough." "Lupus Vulgaris—Chronic Eczema—Seborrhœa Sicca." "Passiflora Incarnata—its Physiological Action." "Does Diphtheria Destroy the Effect of Vaccination?" "Neurasthenia, with Special Reference to the Best Mode of Treatment."

CONTENTS, PAGE 29.

REGISTERED AT THE PHILADELPHIA POST-OFFICE AS SECOND-CLASS MATTER.

Digitized by Google

℞ Ung't. Resinol ℥i—iii.

THOROUGHLY EFFICIENT AS AN

ANTIPRURITIC, ANTISEPTIC,
LOCAL ANTIPHLOGISTIC & SKIN NUTRIENT

And is now being successfully used and prescribed by over 40,000 PHYSICIANS in the United States and Canada

For Eczema, Erysipelas, Pruritus and all Itching and Inflammatory Skin Diseases.

℞ Elix. Cascanata ℥iv—x.

LAXATIVE, ALTERATIVE, ANTACID AND TONIC.

Stimulates the elimination of effete matter and restores the normal alkalinity of the blood.

A specific for habitual constipation and the digestive derangements resulting therefrom.

RESINOL CHEMICAL CO., = Baltimore, Md.

BLOOD

ARSENAURO AND MERCAURO,

THE BEST KNOWN MAKERS AND BUILDERS OF

Digitized by Google

Uniformly Effective, Agreeable and Lasting,—the Standard Preparation of Erythroxylon Coca

During past 30 years most popularly used Tonic-Stimulant in Hospitals, Public and Religious Institutions everywhere.

VIN MARIANI

"MARIANI WINE"

We have received over 7000 written endorsements from PROMINENT PHYSICIANS in Europe and America.

FORMULA: The concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

DOSE: Wine-glassful three times a day, or more or less at Physician's discretion.

Nourishes - Fortifies - Refreshes

AIDS DIGESTION - STRENGTHENS THE SYSTEM

AGREEABLE TONIC-STIMULANT WITHOUT UNPLEASANT REACTION.

To avoid disappointment please specify "Vin Mariani."

SOLD AT ALL PHARMACIES.

PARIS: 41 Boulevard Haussmann.
LONDON: 239 Oxford Street.
MONTREAL: 28 Hospital Street.

MARIANI & CO., 52 W. 15th St., New York.

PURITY.

PEACOCK'S BROMIDES

THE STANDARD SEDATIVE

INDICATED IN ALL FORMS OF CONGESTION.

Absolutely uniform in purity and therapeutic power.

DOSE—ONE TO TWO FLUID DRACHMS IN WATER, THREE TIMES PER DAY.

CHIONIA

THE HEPATIC STIMULANT

INDICATED IN ALL Diseases Caused by Hepatic Torpor.

Under its use the liver and bowels gradually resume their normal functions.

DOSE—ONE TO TWO FLUID DRACHMS, THREE TIMES A DAY.

PEACOCK CHEMICAL COMPANY, ST. LOUIS, MO.
AND 36 BASINGHALL ST., LONDON ENGLAND.

STANDARD.

Digitized by Google

ELIXIR CHLORALAMID
AN EFFICIENT AND SAFE HYPNOTIC.

Each Tablespoonful contains 15 grains Chloralamid.

The large number of physicians who have recorded their experience with **Chloralamid** agree that it is a potent hypnotic free from any depressing action on the heart. **Elixir Chloralamid** presents the remedy in most suitable form for administration. In doses from 15 to 45 grains it induces sound sleep lasting from 5 to 8 hours.

Chloralamid is official in the German Pharmacopoeia and is endorsed by Prof. Chas. L. Dana, Prof. John V. Shoemaker, Dr. H. C. Wood, Dr. David Cerna, Dr. John Aulde, Prof. Chas. H. Steele, Prof. R. W. Wilcox, and others.

LEHN & FINK, Manufacturing Chemists, NEW YORK.

"QUI VEUT LA FIN, VEUT LES MOYENS"

COLCHI-SAL

COLCHICINE (METHYL) SALICYLATE CAPSULES.

"Known and used by the Medical Profession since December 1892."

NEVER FAILS IN

Gout, Rheumatism

AND ALL

Rheumatoid Affections

COLCHI-SAL CAPSULES

COLCHI-SAL is dispensed in small Capsules, each of which contains ¼ of a milligramme of Colchicine dissolved in 20 centigrammes of natural **Methyl Salicylate**, which is equivalent to 5 grains of **Salicylate of Soda.**

INDICATIONS.—In **Gout, Rheumatism, Neuralgia, Rheumatoid Arthritis, Sciatica, Dysmenorrhœa** of a **Rheumatic Diathesis** and all allied **Rheumatoid** or **Gouty Affections.**

CAUTION:

PHYSICIANS, when prescribing, are earnestly requested to particularly specify **COLCHI-SAL.**

It is the only genuine and original preparation of Colchicine Salicylate that has ever been brought to their notice and which they have used with such gratifying results.

Beware of Substitutes.

BETUL-OL.

(Lin. Methyl Salicyl. Comp.)

A compound liniment of Methyl Salicylate (distilled from the bark of the Betula lenta).

It is so prepared that it is absorbed by the skin almost as quickly as **Colchi-Sal** by the stomach, and may be found in the urine almost immediately after application.

INDICATIONS.—To supplement the action of **Colchi-Sal** by local application in **Acute Articular Rheumatism, Gout, Sciatica,** etc.

An original bottle of 50 Capsules of **COLCHI-SAL** sent by mail on remittance of 80 cts. to the **Agents,**

E. FOUGERA & CO., New York.

SOLD BY ALL RETAIL DRUGGISTS AND JOBBERS.

Digitized by Google

DUOTAL (Guaiacol Carbonate)

AND CREOSOTAL

(Creosote Carbonate)

are the most eligible and effective of germicides, and the most vigorous neutralizers of microbic poisons in the intestinal tract. The remarkable results obtained in tuberculosis, typhoid fever, rheumatoid arthritis, etc., are explainable by the great powers of elimination of toxalbumins that these remedies have been proven to possess. They are themselves neutral, non-toxic, and absolutely free from all caustic and irritant qualities.

At the Clinic of **Professor E. VON LEYDEN,** at Berlin, Creosotal has been used in a large number of cases of **phthisis pulmonum** with very good results. It agreed well with all the patients. It had a very favorable effect upon the night sweats and the fevers; and the cough and expectoration either disappeared entirely, or were markedly improved. The body weight increased in most cases.

Dr. PAUL JACOB, Physician-in-Chief of Professor Von Leyden's Clinic, whose report is published in full in the Charité Annalen, Berlin, 1897, claims **that Creosotal has a specific action in phthisis, and that every case that is not too far advanced can be greatly benefited by its use.**

ORPHOL (Betanaphtol-Bismuth-Von Heyden)

The employment of Orphol, which is a neutral, odorless, tasteless and non-toxic powder, is indicated in all fermentative gastro-intestinal processes, in ptomaine poisonings, gastro-enteric catarrhs, typhoid fever, etc. **Practical Intestinal Antisepsis** can be effected and maintained by its use. Unlike opium, tannin, etc., Orphol in no way interferes with the digestion, so that patients suffering from dyspepsia bear it well.

Betanaphtol-Bismuth is antiseptic as well as astringent, and is therefore far superior to the new tannin compounds recently introduced; for tannin is well known not to possess any bactericide action at all. Four or five 15-grain doses of Orphol will usually cure the very worst cases of diarrhœa; and in cholera infantum 2 to 5 grains administered every three or four hours act admirably.

Orphol is soothing to the irritated and inflamed intestinal mucous membrane, besides acting as a continuous disinfectant. It does away with the dangers of caustic or poisonous antiseptic substances, such as carbolic acid, naphtol, resorcin, the bichloride of mercury, etc., and the use of complicated and uncertain diarrhœa and cholera mixtures.

XEROFORM (Tribromphenol-Bismuth-Von Heyden)

Xeroform is the ideal substitute for iodoform, being an antiseptic, desiccating and deodorizing agent, which is odorless, non-poisonous and non-irritating, with very powerful antibacterial properties. Professors Hueppe and Fasano, Dr. Reynders, and others, have found it to be a very effectual intestinal antiseptic in cholera, intestinal tuberculosis, etc.; but its chief application is as an external antiseptic in the place of iodoform. Xeroform has been employed by Drs. Heuss, Cumston, Grünfeld, Beyer, Metall, Paschkis, and many other observers, in the most varied surgical affections; for operative procedures, amputations, enucleations, and cancer operations; for suppurative bursitis, lymphadenitis, and alveolar periostitis; for paronychias, deep abscesses, and suppurating buboes. In venereal diseases it has been extensively employed in the treatment of chancroid; and in dermatology for impetigo, furunculosis, sycosis, eczema and pruritus. It has also been successfully used in ophthalmic and gynæcological practice, and for insufflation into the nose and ear. Its fine pulverization enables the physician to cover a large surface with a very small quantity of the drug.

Literature furnished on application.

SCHERING & GLATZ, 58 Maiden Lane, New York,
Sole Agents for the United States.

Digitized by Google

DR. McMUNN'S

Elixir of Opium.

AN INVALUABLE DISCOVERY IN THE PREPARATION OF OPIUM.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne, and antispasmodic powers of Opium: To produce sleep and composure, to relieve pain and irritation; nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc.; and, being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or the general health. Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotised Laudanum, and every other Opiate preparation.

CAUTION.

On account of its large sale, spurious articles are offered in Bulk. The genuine is sold only in vials of about 7 drachms, with yellow wrappers and signature of Jno. B. McMunn.

E. FERRETT, Agent, 372 Pearl Street, New York.

THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

DEPARTMENT OF MEDICINE.

The session begins October 3, 1898, and continues until the Annual Commencement, May 20, 1899.

A four years' graded course is obligatory upon all students excepting those graduating in 1899. A preliminary entrance examination is required from all who do not have a college degree, high school or teacher's certificate, or the equivalent of one of these.

The instruction is thoroughly practical, and particular attention is given to laboratory work and bedside and ward-class instruction. Ward-classes are limited to ten students each. Certificates will be given, when desired, to those doing post-graduate work.

Free quizzing in all branches by the Professors and a special staff of Tutors.

FACULTY:

JOHN V. SHOEMAKER, M.D., LL.D., Professor of Materia Medica, Pharmacology, and Therapeutics.
JAMES M. ANDERS, M.D., Ph.D., LL.D., Professor of Theory and Practice of Medicine and of Clinical Medicine.
ERNEST LAPLACE, M.D., LL.D., Professor of Surgery and Clinical Surgery.
W. EASTERLY ASHTON, M.D., Professor of Gynecology.
L. WEBSTER FOX, A.M., M.D., Professor of Ophthalmology.
WILLIAM L. RODMAN, A.M., M.D., Professor of the Principles of Surgery and Clinical Surgery.
WILLIAM E. HUGHES, M.D., Ph.D., Professor of Clinical Medicine.
GEORGE M. BOYD, M.D., Clinical Professor of Obstetrics.
SENECA EGBERT, A.M., M.D., Professor of Hygiene.
ISAAC OTT, A.M., M.D., Professor of Physiology, Medico-Chirurgical College.
JOSEPH McFARLAND, M.D., Professor of Pathology and Bacteriology.
JOHN C. HEISLER, M.D., Professor of Anatomy.
GEORGE H. MEEKER, M.S., Ph.D., Professor of Chemistry.
CARL SMITH, Ph.G., Professor of Pharmacy.

For announcements or further information, address

SENECA EGBERT, M.D., Dean of the Department of Medicine.
Medico-Chirurgical College, Philadelphia.

The College has also a Department of Dentistry and a Department of Pharmacy, and grants degrees in each at the end of graded courses.

For announcements or information concerning either of these departments, apply to the respective Deans, viz.,

ROBERT H. NONES, D.D.S., Dean of the Department of Dentistry.
CARL E. SMITH, Ph.G., Dean of the Department of Pharmacy.
Medico-Chirurgical College, Philadelphia.

PURE SANDAL OIL CAPSULES.

					PER DOZ.
List No. 53A	12 in Box		10 Minims		$ 2.25
" 53	24 "				4.25
" 54	36 "				6.25
" 54C	100 "		Size.		15.00

PURE SANDAL OIL "PERLOIDS,"

OR IMPROVED FRENCH "PERLES."
Cheaper and Better than the Imported.

				PER DOZ.
List No. 421A	40 in Vial	5 Minims Size.		$ 4.75
" 421B	80 "			9.00
" 421C	160 "			16.20

Sent prepaid on receipt of list price.

Established in 1836. **H. PLANTEN & SON, New York.**

Manufacturers of over 400 varieties of FILLED AND EMPTY GELATINE CAPSULES.

Digitized by Google

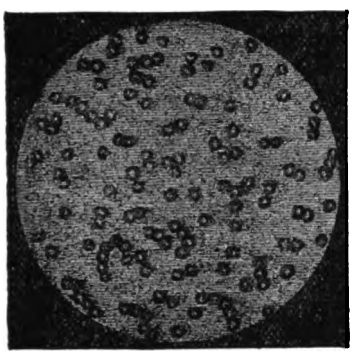
"The greatest therapeutic discovery of the age, and of the ages, is that where we cannot produce good blood we can introduce it."

What is Hæmatherapy?

A New Thing—and a New Name which, though literally translated (Blood Treatment), may not convey to every one a definite idea. It is a treatment which consists in opposing to a condition of disease the very power—good and sufficient Blood—that would naturally prevent it, that would still cure it spontaneously, and that actually does cure it spontaneously, wherever the blood-making work of the system is perfectly efficient; and therefore also *will* cure it, if a deficiency of the vital element be supplied from without, under proper medical treatment.

That Blood is such a power as here described, is an undisputed physiological fact. Its transmission from one animated organism to another, for the purpose of supplying a defect in the latter, is the substance of the Blood Treatment; and How to Do this, in different cases, is the form or description of the same. Blood may be taken from a healthy bullock (arterial blood—elaborated with due scientific skill); or it may be obtained in the well-attested living conserve known as bovinine, from any druggist; and may be introduced into the veins of the patient in either of four ways, that may be most suitable to the case: viz.: by the mouth and stomach; by injection, with one-third salt water, high up in the rectum; by hypodermical injection; or by topical application to any accessible lesion.

A Film of Bovinine: Showing the Blood-corpuscles Intact.



Micro-photographed by Prof. R. R. Andrews, M.D.

THE CURE OF PULMONARY CONSUMPTION

is one of the latest and most wonderful developments of Blood Power—introduced mainly by the mouth, and sometimes also by spraying bovinine into the trachea by an atomizer. Every week of judicious internal blood treatment, with proper medical and hygienic care, has resulted in steady improvement as to all symptoms, with scarcely an instance of check, much less of relapse, until complete apparent cure, and that in the more advanced stages of the disease. As further examples, may be mentioned: Anæmia, Cholera Infantum, Typhoid Fever, Hæmorrhagic Collapse, and many other of the most dangerous and aggravated diseases.

IN SURGERY: A CHRONIC ULCER,

of no matter how long standing or obstinate and aggravated character, can be cured with certainty—at least, the first instance of failure has yet to be heard of—by constant application of bovinine to the wound with proper surgical treatment and sterilization. Such cases are usually cured in from four to six weeks. So of traumatic injuries of all kinds; carbuncles, fistulas, abscesses, and even gangrene.

NUMEROUS CLINICAL REPORTS

of well known Physicians and Hospitals, where the Power of Supplied Blood is constantly relied on as a cardinal factor in the cure of disease and support of surgery, are at the service of every practitioner who desires to keep up with the progress of his profession, and may readily be obtained (including, of course, the technique and subsidiary treatments pursued) by applying to

THE BOVININE COMPANY, 75 West Houston Street, New York.

LEEMING, MILES & CO., Montreal, Sole Agents for the Dominion of Canada.

Digitized by Google

Con. Tinc. Avena Sativa

A Neurotic of Great Value in the Treatment of

NEURASTHENIA, PARALYSIS, NEURALGIA, HEADACHE, OPIUM HABIT, UNREFRESHING SLEEP, AND OTHER AFFECTIONS.

RELIABLE. CONCENTRATED.

Send 15 cents for postage on 1-4 pound sample, which will be sent gratis. Free literature.

B. KEITH & CO., 45 Cliff Street, New York, U. S. A.

DOCTOR, DO YOU CURE YOUR

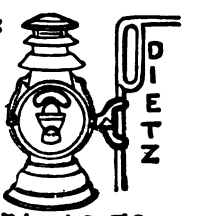
GOITRE PATIENTS?

I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

F. E. MAY, M.D.,

Lock Box 4. **Bloomington, Ill.**

Dietz Driving Lamp

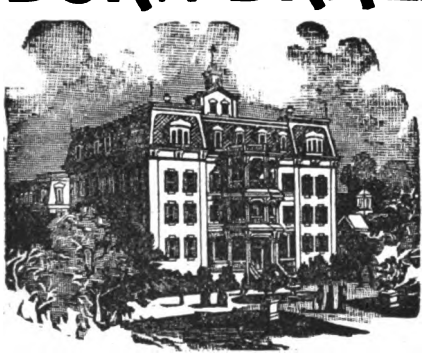


Price **$3.50**

A Driving Lamp that gives a brilliant light and will not blow nor jar out. That is the kind we offer you. Delivered anywhere in U. S. or Canada. Satisfaction guaranteed. Send for book—FREE.

R. E. Dietz Company, 60 Laight St., New York.
ESTABLISHED 1840.
Mention this paper and get special discount.

BURN BRAE



A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter, Barton Cooke Hirst, John Ouchterlony.

Resident Physicians: J. Willoughby Phillips, M.D. / S. A. Mercer Given, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

Digitized by Google

[illegible]
[illegible]
[illegible]

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

BERND'S PHYSICIANS' REGISTERS.

FOR OFFICE AND POCKET USE.

THE MOST PRACTICAL SYSTEM OF KEEPING PHYSICIANS' ACCOUNTS.

Send for Circular Containing Price-List and Fac-Simile Page, with Description and Opinions.

HENRY BERND & CO., P. O. BOX 336, ST. LOUIS, MO.

There is No Question

WITH THE MEDICAL PROFESSION, BUT THAT

HAYDEN'S VIBURNUM COMPOUND

IS THE MOST POWERFUL AND SAFEST

ANTISPASMODIC

known in this country. In all internal disorders, especially in complaints of WOMEN AND CHILDREN, it has no equal. Specially indicated in disorders of the Bowels, Diarrhœa, Dysentery, Cholera Infantum, and Cholera, giving prompt relief.

Thirty-two years in the hands of the Profession.

Send for new hand-book.

NEW YORK PHARMACEUTICAL COMPANY,

All Druggists. ***BEDFORD SPRINGS, MASSACHUSETTS.***

Digitized by Google

VICHY CÉLESTINS

FRENCH REPUBLIC PROPERTY.

Natural Mineral Water bottled under the supervision of the FRENCH GOVERNMENT which guarantee genuineness and purity.

Alkaline Water giving for many centuries the best results when alkaline treatment is indicated.

Drink from the **natural spring,** says Sir Henry Thomson, F.R.C.S , London.

Promote more active endosmose, neutralize and wash out of the system all incompletely burnt bodies. To give the name of Vichy water to a mere solution of bicarbonate of soda is as great an abuse of language as to give the name of wine to a mixture of cream of tartar, alcohol, and mineral salts which wine furnishes when analysed.

CAUTION.—So-called VICHY in Bulk or Siphon is not VICHY.

VICHY IS NEVER IMPORTED OTHERWISE THAN IN BOTTLES.

General Agency, 220 Broadway, New York.

FUNCTIONAL WRONGS OF WOMEN.—For the functional wrongs of women ALETRIS CORDIAL (Rio) possesses remarkable curative influence. It exerts its special tonic action on the whole uterine system, and it is therefore indicated in all abnormal conditions of the female system without regard as to whether it is Dysmenorrhœa, Menorrhagia, Leucorrhœa, Amenorrhœa, or any other functional wrong peculiar to the female. Women suffering from an Aching Back, Bearing-Down Abdominal Pains, or soreness in the Lumbar Region, should be given ALETRIS CORDIAL in teaspoonful doses—four or five times a day.

A sample bottle will be sent free to any physician who desires to test it, if he will pay the express charges.

RIO CHEMICAL CO., St. Louis, Mo., U. S. A.

Digitized by Google

***MALTINE** is a highly concentrated extract of barley, wheat, and oats. Barley alone is employed in the manufacture of all other malt extracts, and not one of them is as highly concentrated as MALTINE.*

***MALT EXTRACTS**, which are thinner than MALTINE, are thinner for the simple reason that they contain more water—are not concentrated as MALTINE is, and, therefore, are less nutritious and more costly.*

Maltine

***MALTINE** is rendered particularly delicious and refreshing if administered with any of the aerated waters, milk, wine or spirits. Thus a pleasing change is afforded to capricious or fastidious invalids.*

***MALTINE**, aside from its great nutritive value, is so rich in Diastase that a dose readily digests all the starchy food, such as bread, potatoes, and cake, which the average adult eats at a single meal.*

KEITH'S
ELIXIR DYSPEPSIA COMP.

A positive remedy for the relief and cure of Dyspepsia, Nervous Dyspepsia, Indigestion, Heartburn, Flatulency, Seasickness, Gastric Irritation, Acidity of Stomach, etc.

℞—HYDRASTIN,
XANTHOXYLIN,
BICARB. SODA,
AVENIN,
} 4 OZ. COMBINED CON. TINCS., ETC., TO THE POUND.

DOSE.—One teaspoonful in a wine-glass of water IMMEDIATELY after each meal, or when indicated. For an acute attack, when prompt action is demanded, administer in hot water.

NORTH DANA, MASS.

MESSRS. B. KEITH & Co.

GENTLEMEN:—Having used your *Elixir Dyspepsia Comp.* in my practice quite extensively for the past three years, I wish to say of it,—not to advertise your business, but to express my approval of its value in atonic dyspepsia,—that I have never used any single remedy or compound that would relieve, and in most cases radically cure, as the above-named compound.

Yours truly, S. WITT, M.D.

Upon receipt of 15 cents to cover postage, ¼ lb. sample of ELIXIR DYSPEPSIA COMP. will be mailed to any regular registered Physician in the United States.

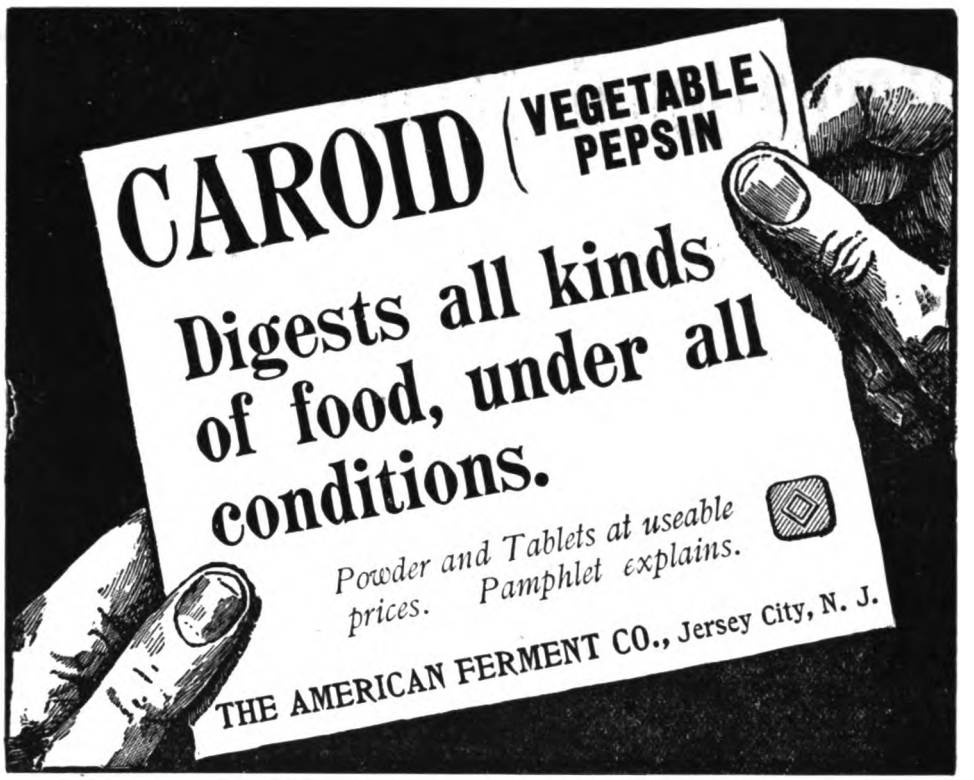
FOR SALE BY ALL WHOLESALE DRUGGISTS.

Full literature on application.

B. KEITH & CO., Organic Chemists,

ESTABLISHED 1852. **45 Cliff Street, New York.**

Digitized by Google


CAROID (VEGETABLE PEPSIN
Digests all kinds of food, under all conditions.
Powder and Tablets at useable prices. Pamphlet explains.
THE AMERICAN FERMENT CO., Jersey City, N. J.

CHAPOTEAUT'S

MORRHUOL

(Registered).

The curative principles of COD LIVER OIL dispensed in capsules, each of which possesses the therapeutical activity of one teaspoonful of the Oil.

MORRHUOL has all the medicinal properties without the oily repulsiveness of Cod Liver Oil, and is therefore to be preferred in the treatment of **pulmonary catarrhs, scrofula** and **incipient consumption.** It promotes **appetite** and **nutrition, induces refreshing sleep,** and may be easily taken by children and adults in the form of capsules.

DOSE: 2 to 3 capsules for children and 3 to 6 capsules for adults, to be taken with meals.

CHAPOTEAUT'S

MORRHUOL CREOSOTÉ

Each capsule contains one minim of the purest Creosote and three minims of Morrhuol.

MORRHUOL CREOSOTÉ has all the above properties—plus the merits of pure creosote, from which the caustic and obnoxious properties of commercial creosote have been eliminated.

It is especially indicated in the treatment of **tuberculosis, bronchial catarrh** and **excessive expectoration,** due to **softening** of the **pulmonary tissues.**

DOSE: 4 to 6 capsules daily (for adults) at the beginning of meals.

E. FOUGERA & CO., New York.

Digitized by Google

International Dental Journal.

PUBLISHED BY

DENTISTS FOR DENTISTS.

DO you want Dentists to know what you have of use or interest to them? This Journal is conducted under the auspices of upward of one hundred of the leading dentists of this country. It is independent in character, dignified in expression, free in spirit, and liberal in tone.

We feel that we are offering YOU a medium of rare value and one that must prove a most valuable auxiliary. Its advertising pages represent a large and varied constituency.

Manufacturers of DENTAL AND SURGICAL INSTRUMENTS, DENTAL ENGINES, WHEELS AND LATHES, FURNACES, CRUCIBLES, BLOW-PIPES, ELECTRIC BATTERIES FOR MOTOR WORK, CHEMICALS AND POLISHING SUPPLIES; ALLOYS, CEMENTS, AND AMALGAMS; ANTISEPTIC AND MEDICINAL SOAPS, TOOTH POWDERS, WASHES, AND BRUSHES; ARTIFICIAL TEETH, DENTAL RUBBER AND SILK, GOLD FOILS, DENTAL CHAIRS, and, in fact, anything and everything of use to Dentists can ADVERTISE them in this Journal with the positive knowledge that every copy circulated will go just where it will do them the most good.

Specimen copy, advertising rates, and any desired information supplied by

H. T. PEARCE, Adv. Mgr.,

1914 and 1916 Cherry Street, Philadelphia.

Digitized by Google

HENRY'S Three Chlorides

(LIQ. FERRISENIC HENRY'S).

THE GLANDULAR STIMULANT AND CHALYBEATE TONIC.

THERAPY: Tonic, stomachic, anti-scorbutic, hæmatinic, and alterative.

Indicated in Anæmias, Chlorosis, and as a reconstructive in convalescence from any cause.

Makes Quantity and Quality of Blood.

DOSE: 1 or 2 drachms.

HENRY'S TRI-IODIDES.

(LIQ. SALI-IODIDE HENRY'S).

ALTERATIVE { Antirheumatic. Antisyphilitic.

THERAPY: In lymphatic and visceral disturbances a uric-acid solvent, and a reliable eliminant in all diathetic diseases.

1 or 2 fluidrachms in water exercises a synergistic effect over the entire range of

THE SALICYLATES AND IODIDES.

MAIZO-LITHIUM

(LIQ. LITHIUM MAIZENATE).

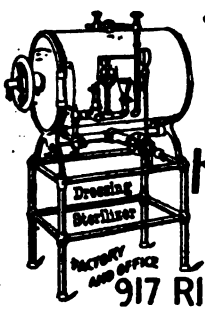
A POSITIVE DIURETIC.

STIMULATING, YET NON-IRRITATING.

THERAPY: In genito-urinary diseases, cystitis, incipient diabetes, lithæmia, urethritis, and all inflamed conditions requiring a non-irritating diuretic.

DOSE: 1 or 2 drachms. 8-oz. bottle, $1.00.

LITERATURE ON APPLICATION. HENRY PHARMACAL CO., LOUISVILLE, KY.



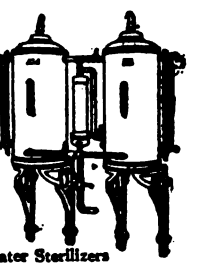
BERNSTEIN M'F'G. CO.

MAKERS OF ASEPTIC HOSPITAL FURNITURE

METALLIC BEDSTEADS ETC

SEND FOR CATALOGUE

917 RICHMOND ST SHOWROOMS 4TH & CALLOWHILL STS PHILA



Water Sterilizers

BROMIDIA
HYPNOTIC

ECTHOL
ANTIPURULENT

IODIA
ALTERATIVE

PAPINE
ANODYNE

LITERATURE FURNISHED ON APPLICATION.

BATTLE & CO.,

Chemists' Corporation, ST. LOUIS, MO., U. S. A.

Digitized by Google

HAEMOGLOBINOGENETIC.

"I have used your GUDE'S PEPTO-MANGAN with splendid results, and I prescribe exclusively your preparation in cases of Chlorosis, as I have found it the best Haemoglobinogenetic remedy in the market.

This is what a prominent Physician says of

Pepto-Mangan ("Gude")

TO SECURE THE PROPER FILLING OF YOUR PRESCRIPTIONS,

Order PEPTO-MANGAN (Gude) In Original Bottles. (℥ xi)

IT'S NEVER SOLD IN BULK.

M. J. BREITENBACH COMPANY,

Sole Agents for U. S. and Canada,

56-58 WARREN ST., NEW YORK.

LABORATORY:
LEIPZIG, GERMANY.

Laxative Logic

To induce catharsis without the objectionable sequalæ common to a majority of laxatives, no remedy responds to the need of the physician with more satisfaction and celerity than SYRUP OF FIGS. As made by the California Fig Syrup Co. from the highest grade Alexandria Senna, SYRUP OF FIGS has achieved a potency and recognition as an agent of established therapeutic worth. There is no preparation that simulates Nature so well in its effect. No other is better suited to the permanent relief of intestinal inactivity, a functional derangement directly responsible for the condition described as constipation. Its gentle effect upon the intestinal mucous membrane and the natural peristalsis which follows the administration of SYRUP OF FIGS gives to it a unique value as a laxative, and suggests its adaptability to women and children because of its agreeable taste and persuasive action. It is invaluable to persons who through infirmity or occupation are committed to a sedentary life. It is *simple*, *safe* and *reliable*, and possesses the particular merit that its use does not induce the cathartic-taking habit, and in all cases where a laxative is indicated it is a help and not a hindrance.

SPECIAL INVESTIGATION IS SINCERELY INVITED.

"Syrup of Figs" is never sold in bulk. It retails at fifty cents a bottle, and the name of "Syrup of Figs," as well as the name of the "California Fig Syrup Co," is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO., SAN FRANCISCO; LOUISVILLE; NEW YORK.

Digitized by Google

A New Local Anæsthetic.

FOR PAINFUL OPEN WOUNDS, BURNS, ULCERS, ETC.

ORTHOFORM is a fine white powder which exerts a decided analgesic effect when applied to sensitive nerve endings. It is absolutely non-poisonous and, being antiseptic, needs no sterilization.

ORTHOFORM has been employed with marked success in

BURNS OF THE SECOND or THIRD DEGREE,
PAINFUL ULCERS and ULCERATING CANCERS,
DENUDED SURFACES AFTER SKIN GRAFTING,
PAINFUL LARYNGEAL ULCERATIONS,
PAINFUL FISSURES and EXCORIATIONS.

Descriptive literature upon application to

VICTOR KOECHL & CO.,

Sole Agents for U. S. 122 Hudson Street, New York.

The Morton-Wimshurst-Holtz Influence Machine

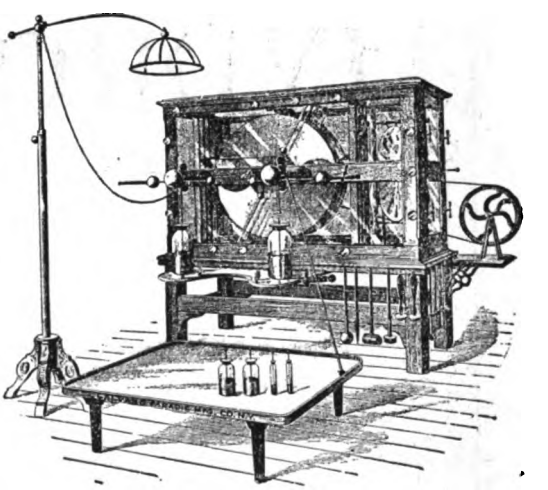
has received the highest commendations of the Medical Profession and is admittedly

THE BEST IN THE WORLD.

Its generative power far exceeds that of any other Static Machine or coil, and being of double utility, it is available at all times

FOR THERAPEUTIC PURPOSES OR X-RAY WORK.

OZONE, in limitless quantity, is produced with this machine, and a new field of usefulness is opened with the advent of the recently devised OZONE INHALER of Dr. Cyrus Edson.



VAN HOUTEN & TEN BROECK,

300 Fourth Avenue, New York,

Makers of High-Grade Electro-Therapeutical Apparatus.

Manual of Static Electricity in X-Ray and Therapeutic Uses, by S. H. Monell, M.D., Brooklyn, N. Y. Price, $6.30, prepaid, to your address.

Digitized by Google

SICK-ROOM ISOLATION.

Two Sheets suspended over the doorway and kept moist with Platt's Chlorides, diluted one to four, presents a practical method of isolating an infectious case.

"Platt's Chlorides" is an odorless, colorless liquid; a powerful disinfectant and prompt deodorizer, and is endorsed by over 23,000 physicians. It is sold everywhere by druggists, in quart bottles only, and manufactured by HENRY B. PLATT, Platt Street, New York.

STRICTLY PROFESSIONAL.

HYDROLEINE

(HYDRATED OIL)

Is a purely scientific preparation of Cod Liver Oil for the treatment of Incipient Consumption, Scrofula, Rickets, Bronchitis, Whooping Cough, and all wasting diseases.

Formula—Each Dose Contains: *Pure Norwegian Cod Liver Oil, 80 m. (drops), Distilled Water, 35 m. (drops), Soluble Pancreatin, 5 grains, Soda, ⅛ grain, Salicylic Acid, ¼ grain.*

DOSE.—Two teaspoonfuls alone or mixed with twice quantity of water, to be taken after each meal.

HYDROLEINE is a pancreatized Cod Liver Oil preparation of pure Norwegian Cod Liver Oil (from Lofoten), that is prepared as the direct result of a long series of physiological experiments, conducted by H. C. Bartlett, Ph. D., F. C. S., and G. Overend Drewry, M. D., M. C. R. S., and encouraged with many practical suggestions by Bence Jones and Baron Liebig.

HYDROLEINE is based on sound scientific principles; it is easily digested and assimilated, without producing eructations. Appetite is increased, and that, so far from possessing the unpleasant taste of Cod Liver Oil and its emulsions, HYDROLEINE is palatable as milk, and pleasant. The formula is well known and the preparation has received the endorsement of physicians throughout the United States. It is sought to introduce HYDROLEINE exclusively on its merits, and for that reason the profession is appealed to only through the columns of medical journals.

SOLD BY DRUGGISTS GENERALLY.

The Charles N. Crittenton Co. Sole agents for the United States, **New York.**

Digitized by Google

SCOTT'S EMULSION

is active. But not because of wine or any stimulant whatever.

The activity is due to the presence of the whole oil, emulsified and combined in a peculiar way with the hypophosphites and glycerine.

SCOTT'S EMULSION

is not unpleasant. Yet the whole oil is there, all there is of it.

The freedom from disagreeable odor and taste is due to the purity of the oil, together with the peculiar and unique method of preparation.

SCOTT'S EMULSION

is not a secret. You may know its formula, if you will write for it. We put it up and we are responsible for it.

Can this be said of "ready-made" emulsions sold in bulk to druggists by so-called non-secret houses? You cannot find out a thing about them, and no one is responsible.

Scott's Emulsion is sold in two sizes, fifty cents and one dollar.

SCOTT & BOWNE, New York.

DOLOMOL COMPOUNDS

Dusting Powders that stick to the skin, shed moisture and are of Definite Medication.

These DOLOMOL COMPOUNDS consist of a perfectly bland, neutral, impalpable powder base (stearo-palmitate of Calcium and Magnesium) and a definite stated percentage of medicament.

The DOLOMOL COMPOUNDS embody all the various drugs employed in external medication.

Of therapeutic value in all conditions indicating the use of the medicament externally or in the open cavities of the body.

DOLOMOL COMPOUNDS take the place of all dusting powders or ointments of similar medication.

Dolomol-Acetanilid	25%
Dolomol-Acid Boric	20%
Dolomol-Acid Carbolic	5%
Dolomol-Acid Picric	25%
Dolomol-Acid Pyrogallic	5%
Dolomol-Acid Salicylic	5%
Dolomol-Acid Tannic	10%
Dolomol-Alum	10%
Dolomol-Aristol	10%
Dolomol-Balsam Peru	10%
Dolomol-Bis. Subgallate	25%
Dolomol-Calendula	25%
Dolomol-Calomel	25%
Dolomol-Camphor	10%
Dolomol-Chrysarobin	5%
Dolomol-Europhen	10%
Dolomol-Guaiacol	5%
Dolomol-Ichthyol	10%
Dolomol-Iodoform Deo.	10%
Dolomol-Menthol	5%
Dolomol-Naphthol	5%
Dolomol-Oil of Cade	10%
Dolomol-Resorcin	10%
Dolomol-Salol	10%
Dolomol-Sulphur Sub.	25%
Dolomol-Tar	10%
Dolomol-Thymol	2%

PULVOLA

(POWDERED OIL)

Waterproof Baby Powder.

It is Dolomol without medication.

Samples on request.

PULVOLA CHEMICAL CO., 100 William Street, New York City.

Digitized by Google

THE BEST PREPARED FOOD.

FOR THE BABY, THE INVALID, THE CONVALESCENT, THE AGED.

HIGHEST AWARDS WHEREVER EXHIBITED.

IT CONTAINS NO CANE SUGAR, NO GLUCOSE, NO MALT.

IMPERIAL GRANUM

NOURISHING STRENGTHENING.

PURE PALATABLE SAFE RELIABLE

IS THE STANDARD PREPARED FOOD OF TO-DAY AND WILL CONTINUE

NEARLY ALWAYS SUCCESSFUL WHEN ALL OTHER KINDS OF NOURISHMENT HAVE FAILED.

SAMPLES FOR CLINICAL TEST SUPPLIED TO PHYSICIANS AND TRAINED NURSES ON REQUEST.

TO YIELD SATISFACTORY RESULTS IN NUTRITION FAR INTO THE FUTURE, BECAUSE ITS MERITS HAVE BEEN PROVED BY CLINICAL SUCCESS IN THE PAST.

Shipping Depot, JOHN CARLE & SONS 153 Water Street, New York.

SOLD BY DRUGGISTS EVERYWHERE.

IMPERIAL GRANUM PREPARED FOOD FOR INVALIDS AND CHILDREN

-HOW-

Gibbs Glycerine Suppositories

ARE MADE.

FIG. 1.

FIG. 2.

We first make a *Hollow Shell* and *Cap* of *Pure Cocoa Butter only*—Fig. 1. We then fill this Cocoa Butter shell with *Pure Glycerine*, and seal it with the cap, thus making a firm, smooth suppository, containing nothing but Pure Cocoa Butter and Pure Glycerine, the *Glycerine being in liquid form*—Fig. 2. This Cocoa Butter shell melts at the temperature of the body and liberates the Glycerine, allowing it to come in direct contact with the mucous membrane. The Glycerine, being a liquid, is free to distribute itself over the mucous membrane, stimulating the surfaces and soon producing an easy movement of the bowels. The Cocoa Butter is softening and lubricating, and prevents the griping that sometimes follows the use of Glycerine in the rectum. Two of our suppositories, separated by a wafer, are packed in a glass vial—Fig. 3. Six of these vials, twelve suppositories, are packed in a wooden box, secure against breakage or deterioration.

Samples FREE on Application, and Mention Medical Bulletin.

One Box, Twelve Suppositories, Fifty Cents.

W. E. GIBBS, Proprietor, 102-104 Fulton Street, New York.

Schieffelin & Co., Sole Agents, 170 William St., N. Y.

FIG. 3.

Digitized by Google

MARCHAND'S EYE BALSAM

(C. P. Vegetable Glycerine combined with Ozone)

IS THE MOST POWERFUL AND AT THE SAME TIME HARMLESS HEALING AGENT KNOWN.

HYDROZONE (30 volumes preserved aqueous solution of H_2O_2)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

Cure quickly Suppurative and Inflammatory Diseases of the Eye:

Catarrhal Conjunctivitis or Ophthalmia, Purulent Conjunctivitis, — Ophthalmia in Children, Inflamed and Granular Eye Lids, Etc.

Send for free 240-page book "Treatment of Diseases caused by Germs," containing reprints of 120 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Eye Balsam" by express, charges prepaid.

Marchand's Eye Balsam is put up only in one size bottle. Package sealed with my signature.

Hydrozone is put up only in extra small, small, medium, and large size bottles, bearing a red label, white letters, gold and blue border with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border with my signature.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

CHARLES MARCHAND, Removed to 57-59 Prince St., New York.

Sold by leading Druggists. **Avoid imitations.** **Mention this Publication.**

Predigested Beef

Is the basis of **Armour's Nutrient Wine of Beef Peptone,** a preparation presenting the entire digestible substance of prime, lean Beef, in a form requiring no effort of the digestive organs to render it diffusible.

Nutrient Wine

Is especially indicated in the treatment of all cases of faulty nutrition occasioned by gastric weakness, Ulceration of the Stomach, Phthisis, Typhoid Fever, and wherever a readily assimilable food is required.

Manufactured by

ARMOUR & COMPANY, CHICACO.

Digitized by Google

INDICATIONS FOR THE USE

OF

BLENNOSTASINE.

In all forms of catarrhal hypersecretion, Blennostasine is indicated. It is superior to quinine as a remedy for acute coryza, chronic nasal catarrh, influenza, hay fever, etc.

Blennostasine, unlike quinine, is a vaso-motor constrictor, and speedily stops excessive mucous secretions. It will almost invariably arrest the sneezing and the mucous discharges of ordinary influenzal colds.

Blennostasine is especially valuable as a substitute for belladonna, atropine, and similar drugs in hay fever, acute influenza, rhinitis, and in rhinorrhœa, laryngorrhœa, and bronchorrœa. In addition, it is non-toxic.

Blennostasine is supplied in crystalline form, and in 1, 3, and 5-grain gelatine-coated pills. Samples and complete literature on request.

McKESSON & ROBBINS,

NEW YORK.

Digitized by Google

ALWAYS THE SAME. A STANDARD OF ANTISEPTIC WORTH.

Listerine.

LISTERINE is a non-toxic, non-irritating and non-escharotic antiseptic, composed of ozoniferous essences, vegetable antiseptics and benzo-boracic acid.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE is invaluable in obstetrics and gynæcology as a general cleansing, prophylactic, or antiseptic agent.

LISTERINE is useful in the treatment of the infectious maladies which are attended by inflammation of accessible surfaces—as diphtheria, scarlet fever and pertussis.

LISTERINE diluted with water or glycerine speedily relieves certain fermentative forms of indigestion.

LISTERINE is indispensable for the preservation of the teeth, and for maintaining the mucous membrane of the mouth in a healthy condition.

LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

LISTERINE is kept in stock by all worthy pharmacists everywhere.

Lambert's Lithiated Hydrangea.

A valuable renal alterative and antilithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

LITERATURE UPON APPLICATION. LAMBERT PHARMACAL CO., ST. LOUIS.

A TEXT-BOOK OF

DISEASES OF THE SKIN,

By JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, of the American Academy of Medicine, and of the British Medical Association; Fellow of the Medical Society of London.

8vo. With Six Chromo-Lithographs and Numerous Engravings. Price, in Cloth, $5.00, Postage Prepaid.

"It is everything a text-book should be, concise, clear, exhaustive, and well illustrated."—*Nashville Journal of Medicine and Surgery.*

"This book has an advantage, for the general reader, over most works on diseases of the skin, in that the new dermatological technical words and phrases are dispensed with as much as possible. The treatment recommended is such as almost any practitioner may carry out."—*Journal of the American Medical Association.*

"The descriptions of the clinical features of the different diseases, their differential diagnosis, etiology, and pathology are clear, concise, and sufficiently complete. The therapeutical part of the book constitutes its distinctive and most noteworthy feature."—*Journal of Cutaneous and Genito-Urinary Diseases.*

"The description of the therapeutics of the drugs and substances employed is very full, and leaves nothing to be desired."—*London Medical Press and Circular.*

D. APPLETON & CO., Publishers,

72 FIFTH AVENUE, NEW YORK.

Digitized by Google

Cures while you sleep,

Whooping Cough,
Asthma, Croup,
Colds,

Vapo-Cresolene

Catarrh,
Bronchitis...

An antiseptic, antispasmodic and prophylactic, to be vaporized for the treatment of **Whooping Cough, Croup, Bronchitis, Asthma, Diphtheria,** and kindred diseases of the throat and air passages.

It takes time to prove the value of a remedy: CRESOLENE has twenty years behind it and the assurance of a vigorous and growing demand, beside the personal acknowledgment of many physicians, that it is the best remedy, particularly for **Whooping Cough** and **Croup**, ever introduced. The application of CRESOLENE is simplicity itself. The Vaporizer acts from five to six hours without attention. The patient simply breathes the medicated air of the room. The treatment being by inhalation does away with the necessity of waking the patient, which, in itself, is of sufficient importance to warrant giving it a trial. **CRESOLENE may be used in connection with any other treatment,** and is used with success in the treatment of **Diphtheria, Scarlet Fever** and **Measles.** CRESOLENE is a product of coal tar, of much greater antiseptic power than carbolic acid. Send for descriptive booklet, containing physicians' testimonials and price list.

NOTICE.—Physicians will be allowed a liberal discount, express paid on first order, and money back if not satisfied.

VAPO-CRESOLENE CO., 69 Wall St., New York.
Schieffelin & Co., New York, U. S. Agents.

Bensolyptus

(Schieffelin's)

Bensolyptus is an agreeable alkaline solution of various highly approved antiseptics, all of which are of recognized value in

Catarrhal Affections

because of their cleansing, soothing and healing properties. Bensolyptus is highly recommended in all inflammations of mucous membranes, especially in diseases of the

Nose and Throat
and as a
Mouth-Wash and Dentifrice.

It is also of value for internal use in affections of the alimentary tract attended with fermentation of food, eructations, and heart burn.

Send for pamphlet to

Schieffelin & Co., New York.

Needs No Disguise,

Because it is FREE from all Disagreeable Taste or Odor.

PETER MOLLER'S

Hydroxyl-Free

Cod Liver Oil.

Always of the highest standard of quality, is now prepared by a new process, the result of years of scientific investigation, whereby the oil is kept from atmospheric contact from the beginning of the process of manufacture until it is safely corked up in bottles, thus preventing contamination of any kind and excluding all impurities.

Give this New Oil a Trial.

Ask for **Peter Moller's Oil,** and see that the bottle—a flat, oval one—bears our name as agents. Notice the date in perforated letters at bottom of the label. We shall be glad to forward specimens of Moller's Oil to members of the medical profession, either for chemical investigation or practical "exhibition," and we shall also be glad to supply full information regarding Moller's New Process.

Schieffelin & Co., New York.

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google